


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 15, 2006 8:00 am
Secretary of State

05-15-2006 90037 046 ***150.00

DOCUMENT # P05000082625

1. Entity Name
 U.S.A. PRO STATISTICIANS, INC.



Principal Place of Business
 1401 NEWBRIDGE LN.
 ORLANDO, FL 32825

Mailing Address
 P.O. BOX 721115
 ORLANDO, FL 32872

2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State

Zip Country



05112006 Chg-P CR2E034 (11/05)

6. Name and Address of Current Registered Agent

BORGES-MONGE, LILIA
 1401 NEWBRIDGE LN.
 ORLANDO, FL 32825

4. FEI Number
 20-2981012

Applied For
 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

7. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City FL Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
Due by September 6, 2006

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	BORGES-MONGE, LILIA	
STREET ADDRESS	1401 NEWBRIDGE LN.	
CITY-ST-ZIP	ORLANDO, FL 32825	
TITLE	S	<input type="checkbox"/> Delete
NAME	FEDERICO MONGE	
STREET ADDRESS	1401 Newbridge LN	
CITY-ST-ZIP	ORLANDO, FL 32825	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Lilia Borges-Monge Date: 5-11-06 Daytime Phone #: 407-864-2025

ATTACHMENT
40091855
#P05000082625

May 11, 2006

To: Division of Corporations
From: Lilia Borges-Monge
Subject: USA Pro Statisticians, Inc. - FEI 20-2981012

Please be advised that I am a new corporation and did not receive my information, and was not aware of this payment due, my attorney called me and advised me about the dues and due date.

Therefore I do apologize for the delay and will make certain it won't happen again.

Thank you for your attention,

Lilia Borges-Monge

Lilia Borges Monge – Director/President
407-864-2025 cell