2007 FOR PROFIT CORPORATION ANNUAL REPORT

Mar 29, 2007 08:00 A Secretary of State DOCUMENT # P05000136865 1. Entity Name AMERICAN USA MORTGAGE, PA. Principal Place of Business Mailing Address 9300 NW 25 ST 9300 NW 25 ST . -#202 #202 DORAL, FL 33-1728 DORAL, FL 33-1728 03232007 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 20-3642004 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DIAZ, OSVALDO J DO NOT WRITE 7951 SW 40TH STREET SUITE 206 MIAMI, FL 33155 IN THIS SPACE 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2007 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. **PVST** TITLÉ NAME GOMEZ, IVONNE STREET ADDRESS 9300 NW 25 ST STE 202 CITY-ST-ZIP DORAL, FL 33172 TITLE GOMEZ, IVONNE NAME 4U00000682868*** STREET ADDRESS 9300 NW 25 ST STE 202 194/05207#80012~000 150.00 CITY-ST-ZIP DORAL, FL 33172 TITLE NAME . STREET ADDRESS DO NOT WRITE CITY-ST-7IP IN THIS SPACE TITLE STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-7IP

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

OF SIGNING OFFICER OR DIRECTOR

changed, or on an attachment with an address, with all other like empowered.

SIGNATURE AND TYPED OR PRINTED NA

SIGNATURE:

FILED