

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

08 MAR 12 PM 12:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



03112008 Chg-P CR2E034 (12/06)

DOCUMENT # P06000133479					
1. Entity Name MANAGEMENT & CONSULTANT OF USA, INC.					
Principal Place of Business 1100 SW 104 CT STE 104 MIAMI, FL 33174			Mailing Address 1100 SW 104 CT STE 104 MIAMI, FL 33174		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 20-5775344	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent RAFAELLY, MARIA T 1100 SW 104 CT STE 104 MIAMI, FL 33174			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 certifies 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, the registered agent.					
SIGNATURE: (NOTE: Registered Agent signature required when reinstating) DATE					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PD	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SALCEDO, PEDRO		NAME	600120810266	
STREET ADDRESS	485 NW 135 ST		STREET ADDRESS	03/20/08--01009--028 **150.00	
CITY-ST-ZIP	NORTH MIAMI, FL 33168		CITY-ST-ZIP		
TITLE	VD	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	RAFAELLY, MARIA T		NAME	PRESIDENT	
STREET ADDRESS	1100 SW 104 CT. E-103		STREET ADDRESS	1100 SW 104 CT E 103	
CITY-ST-ZIP	MIAMI, FL 33174		CITY-ST-ZIP	MIAMI, FL. 33174	
TITLE		<input type="checkbox"/> Delete	TITLE	MARIA T. RAFAELLY	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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:					
SIGNATURE (PRINTED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR)			Date		Daytime Phone #

KS