2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Mar 03, 2006 08:00 AM **DOCUMENT # P99000011447 Secretary of State** 1. Entity Name USAIL ENTERPRISES, INC. Principal Place of Business Mailing Address 3208 LITTLE AVENUE COCONUT GROVE FL 33133 3208 LITTLE AVENUE COCONUT GROVE FL 33133 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/05) City & State City & State Applied For 4. F£I Number 65-0892199 Not Applicat Zip Country Zio Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name VLADIMIR, UTE Street Address (P.O. Box Number is Not Acceptable) 3208 LITTLE AVENUE COCONUT GROVE FL 33133 City 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, 1 am familiar with, and access the obligations of registered agent. SIGNATURE Dignature, typed or privide name of registered agent and little if applicable. (NOTE Registered Agein signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May 🗅 After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State tū. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE □ Ωelete TITLE Ctrange 🔲 Agabia MARKE VLADIMIR, UTE NAME U00000455706 STREET ADDRESS 3208 LITTLE AVENUE STREET ADDRESS 03/15/06-80063-016 150.00 COCONUT GROVE FL 33133 DITY-ST-ZIP CATY-ST-ZIP TITLE ☐ Delete THE ☐ Channe A.Lan NAME NAME STREET ADDRESS STALET ADDRESS CRIY-ST-ZIP CITY-ST-ZIP 31122 Delcte TITLE ☐ Change □ Matrix NAME MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHY-ST-ZIP HILE ☐ Detete Change Mile " NAME MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-SI-ZIP TITLE ☐ Defete TITLE ☐ Change Artistate | NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP THILE ☐ Delete THILE ☐ mag Change NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 direction 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 1