2004 FOR PROFIT CORPORATION REINSTATEMENT

FILED
Oct 20, 2004
Secretary of State

DOCUMENT# 315854

Entity Name: I.S.S.,USA, INC.

Current Principal Place of Business:

13899 BISCAYNE BLVD.
#229
MIAMI, FL 33181

New Principal Place of Business:

215 CELEBRATION PLACE
#500
CELEBRATION, FL 34747

Current Mailing Address:

13899 BISCAYNE BLVD.
#229
MIAMI, FL 33181

New Mailing Address:

215 CELEBRATION PLACE
#500
CELEBRATION, FL 34747

FEI Number: 59-1164460 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

GLOWACKI, ARTUR
13899 BISCAYNE BLVD.
#229
MIAMI, FL 33181 US

Name and Address of New Registered Agent:

GLOWACKI, ARTUR
215 CELEBRATION PLACE
#500
CELEBRATION, FL 34747 US

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.

SIGNATURE: ARTUR GLOWACKI 10/20/2004
Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: GLOWACKI, ARTUR
Address: 13899 BISCAYNE BLVD., STE. 229
City-St-Zip: MIAMI, FL 33181

Title: VPD ( ) Delete
Name: CHWOJKO, EDWARD
Address: 10 FLORAL AVENUE
City-St-Zip: KEY WEST, FL 33040

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: GLOWACKI, ARTUR
Address: 215 CELEBRATION PLACE, STE 500
City-St-Zip: CELEBRATION, FL 34747

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ARTUR GLOWACKI P 10/20/2004
Electronic Signature of Signing Officer or Director Date