

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 22, 2006 8:00 am**  
**Secretary of State**

03-22-2006 90028 020 \*\*\*150.00

DOCUMENT # F05000003289

1. Entity Name

U.S.A. MORTGAGE BANKERS OF AMERICA, INC.



Principal Place of Business

2012 VICTORY BLVD.  
STATEN ISLAND NY 10314

Mailing Address

2012 VICTORY BLVD.  
STATEN ISLAND NY 10314



2. Principal Place of Business

33 Walt Whitman Rd

Suite, Apt. #, etc. Suite LL2

City & State Huntington Station, NY

Zip 11746

Country U.S.A.

3. Mailing Address

33 Walt Whitman Rd

Suite, Apt. #, etc. Suite LL2

City & State Huntington Station, NY

Zip 11746

Country U.S.A.

1st MOORE

CR2E034 (10/05)

4. FEI Number

11-3139293

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

BLUMBERGEXCELSIOR CORPORATE SERVICES, INC.  
4435 OLD WINTER GARDEN RD  
ORLANDO FL 32811

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when translating)

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2006 Fee Will Be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P ☐ Delete  
NAME PANE, SALVATORE  
STREET ADDRESS 144 MEDFORD AVE.  
CITY-ST-ZIP PATCHOQUE NY 11772

TITLE V ☒ Delete  
NAME COLABRO, THOMAS  
STREET ADDRESS 144 MEDFORD AVE.  
CITY-ST-ZIP PATCHOQUE NY 11772

TITLE V ☐ Delete  
NAME BITALE, LISA  
STREET ADDRESS 144 MEDFORD AVE.  
CITY-ST-ZIP PATCHOQUE NY 11772

TITLE ST ☒ Delete  
NAME CHASAN, ELIZABETH  
STREET ADDRESS 144 MEDFORD AVE.  
CITY-ST-ZIP PATCHOQUE NY 11772

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PRESIDENT ☒ Change ☐ Addition  
NAME SALVATORE PANE  
STREET ADDRESS 33 Walt Whitman Rd Suite LL2  
CITY-ST-ZIP HUNTINGTON STATION, NY 11746

TITLE CEO / SECRETARY ☐ Change ☒ Addition  
NAME SHACHAR RAND  
STREET ADDRESS 33 Walt Whitman Rd Ste LL2  
CITY-ST-ZIP HUNTINGTON STATION, NY 11746

TITLE VICE PRESIDENT ☐ Change ☒ Addition  
NAME JOSEPH MORREALE  
STREET ADDRESS 2012 VICTORY BLVD  
CITY-ST-ZIP STATEN ISLAND, NY 10314

TITLE VICE PRESIDENT ☐ Change ☒ Addition  
NAME SALVATORE GUAGENTI  
STREET ADDRESS 705 18th Ave  
CITY-ST-ZIP BROOKLYN, NY 11204

TITLE VICE PRESIDENT ☒ Change ☐ Addition  
NAME LISA VITALE  
STREET ADDRESS 144 Medford Ave  
CITY-ST-ZIP Patchogue, NY 11772

TITLE ☐ Change ☐ 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 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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

March 8, 2006 631.2896000

Date

Daytime Phone #