

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000059189

FILED
Jul 02, 2007
Secretary of State

Entity Name: U.S.A. IMMIGRATION HELP, LLC

Current Principal Place of Business:

248 NORTH STATE RD 7
MARGATE, FL 33063

New Principal Place of Business:

254 NORTH STATE RD 7
MARGATE, FL 33063

Current Mailing Address:

248 NORTH STATE RD 7
MARGATE, FL 33063

New Mailing Address:

254 NORTH STATE RD 7
MARGATE, FL 33063

FEI Number: 20-5094976 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

KIWI-MOTALVO, MIRIAM
248 NORTH STATE RD. 7
MARGATE, FL 33063 US

Name and Address of New Registered Agent:

KIWI-MONTALVO, MIRIAM
254 NORTH STATE RD. 7
MARGATE, FL 33063 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: MIRIAM KIWI-MONTALVO

07/02/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: KIWI-MONTALVO, MIRIAM
Address: 254 NORTH STATE RD 7
City-St-Zip: MARGATE, FL 33063

Title: MGRM () Delete
Name: CADENA, BEATRIZ
Address: 254 NORTH STATE RD 7
City-St-Zip: MARGATE, FL 33063

ADDITIONS/CHANGES:

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

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

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: MIRIAM KIWI-MONTALVO

MGRM

07/02/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date