2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 09, 2005 8:00 am
Secretary of State
05-06-2005 90094 040 ***150.00

DOCUMENT # L41533

1. Entity Name
AMERISEW (USA) INC.

66022517

Principal Place of Business	Mailing Address
2027 NW 22 CT. MIAMI, FL 33142.	2027 NW 22 CT. MIAMI, FL 33142

04222005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0167036
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

REBULL, ARMANDO R
~~2295 NW 20 ST~~ → 2027 NW 22 CT
MIAMI, FL 33142

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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 Angelina Rebull
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	REBULL, ANGELINA
STREET ADDRESS	~~2295 NW 20 CT.~~ → 2027 NW 22 CT
CITY-ST-ZIP	MIAMI, FL 331427371
TITLE	S
NAME	REBULL, ARMANDO R
STREET ADDRESS	~~2295 NW 20 ST.~~ → 2027 NW 22 CT
CITY-ST-ZIP	MIAMI, FL
TITLE	VTD
NAME	REBULL, ARMANDO R.
STREET ADDRESS	~~2295 NW 20 ST.~~ → 2027 NW 22 CT
CITY-ST-ZIP	MIAMI, FL 331427371
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify 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 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] 30/A/05 305-638-1300
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #