


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 11, 2004 08:00 AM
Secretary of State

DOCUMENT # L59848	
1. Entity Name A-USA TACK SHOP & SUPPLIES, INC.	

Principal Place of Business % ANGEL USATEGUI 10850 SW 93RD ST MIAMI FL 33176	Mailing Address % ANGEL USATEGUI 10850 SW 93RD ST MIAMI FL 33176
--	--

2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
---	---

City & State	City & State
--------------	--------------

Zip	Country	Zip	Country
-----	---------	-----	---------



MOORE CR2E034 (11/03)

4. FEI Number 65-0180801	Applied For <input type="checkbox"/> Not Applicable
------------------------------------	--

5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent USATEGUI, ANGEL 10850 SW 93RD ST MIAMI FL 33176

7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

B. 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 reinstating)	DATE
---	--	------

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS	11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
----------------------------	---

TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP USATEGUI, ANGEL 10850 SW 93RD ST MIAMI FL <input type="checkbox"/> Delete
--	---

TITLE NAME STREET ADDRESS CITY - ST - ZIP	DS USATEGUI, ESTHER M 10850 SW 93RD ST MIAMI FL <input type="checkbox"/> Delete
--	--

TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
--	---------------------------------

TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
--	---------------------------------

TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
--	---------------------------------

TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
--	---------------------------------

TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
--	---------------------------------

TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
--	---------------------------------

TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
--	---------------------------------

TITLE NAME STREET ADDRESS CITY - ST - ZIP	U00000085776 03/11/04-80061-009 150.00 <input type="checkbox"/> Change <input type="checkbox"/> Addition
--	---

TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
--	---

TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
--	---

TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
--	---

TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
--	---

TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
--	---

TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
--	---

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 1 (9.07(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: <i>Angel Usategui</i> Angel Usategui 3/11/04 305-279-8977
