

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 28, 2006 08:00 AM
Secretary of State

DOCUMENT # N01000005888

1. Entity Name

UNITED TO SAVE AMERICA, "U.S.A.", INC.



Principal Place of Business

3700 NW 13 STREET
MIAMI, FL 33126

Mailing Address

POST OFFICE BOX 140032
CORAL GABLES, FL 33114-0032



04242006 No Chg-NP

CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number

65-1132085

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SPIEGEL & UTRERA, P.A.
1840 CORAL WAY
4TH FLOOR
MIAMI, FL 33145

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IN THIS SPACE**

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 reinstating)

DATE

**Filing Fee is \$81.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

1100000540300
05/10/06-80014-001 61.25

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	LOPEZ, JOSE A
STREET ADDRESS	3700 NW 13 ST
CITY-ST-ZIP	MIAMI, FL 33126
TITLE	SD
NAME	CARLSON, ZORI
STREET ADDRESS	3700 NW 13 ST
CITY-ST-ZIP	MIAMI, FL 33126
TITLE	TD
NAME	GROS, EDUARDO J
STREET ADDRESS	3700 NW 13 ST
CITY-ST-ZIP	MIAMI, FL 33126
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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 617, 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

Jose Antonio Lopez
Date: *April 25/06* 786-4439342
Daytime Phone #