


2004 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
Aug 24, 2004 8:00 A.M.
Secretary of State

| | | | | | |
|--|---|---|--|---|--|
| DOCUMENT # P00000055126 | | | |  | |
| 1. Entity Name USA BUSINESS FINANCE COMPANY | | | | | |
| Principal Place of Business 7345 SAND LAKE RD 228 ORLANDO, FL 32819 | | | Mailing Address 7345 SAND LAKE RD 228 ORLANDO, FL 32819 | | |
| 2. Principal Place of Business | | 3. Mailing Address | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State | | City & State | | | |
| Zip | Country | Zip | Country | 4. FEI Number 59-3650006 | |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | | | | Applied For Not Applicable | |
| 6. Name and Address of Current Registered Agent | | | 7. Name and Address of New Registered Agent | | |
| SUTTON, DONALD A 7345 SAND LAKE RD SUITE 228 ORLANDO, FL 32819 | | | Name RUBEN D. TORO Street Address (P.O. Box Number is Not Acceptable) 7345 SAND LAKE RD SUITE 204 City ORLANDO FL 32819 | | |
| 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 <i>[Signature]</i> <small>Signature, typed or printed name of registered agent, and title if applicable.</small> | | DATE 08/24/04 <small>(NOTE: Registered Agent signature required when reinstating)</small> | | | |
| Amended AR is \$61.25 | | 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 | PSTD ORTIZ, ANTONIO 1805 ROSWELL RD., APT. 23-B MARIETTA, GA 30062 | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | PSTD BERNARDINO JUSTINO VARGAS 7512 DR. PHILLIPS BLVD SUITE 50 PHB ORLANDO, FL 32819 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | | 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"/> Delete | | 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"/> Delete | | 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"/> Delete | | 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 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: <i>[Signature]</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | | DATE 08/24/04 (321) 388-6815 <small>Date Daytime Phone #</small> | | |