


**FILED**  
**May 03, 2004 08:00 AM**  
**Secretary of State**

**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT # P0000068132		
1. Entry Name USASIX, INC.		

Principal Place of Business 222 OAKRIDGE BOULEVARD SUITE C DAYTONA BEACH, FL 32118	Mailing Address 222 OAKRIDGE BOULEVARD SUITE C DAYTONA BEACH, FL 32118
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04232004 No Chg-F CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 59-3667048	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

NEVIASER, JULIUS S CPA  
222 OAKRIDGE BOULEVARD  
SUITE C  
DAYTONA BEACH, FL 32118

**DO NOT WRITE 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 \_\_\_\_\_ DATE \_\_\_\_\_

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

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**

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

U00000154358  
05/04/04-80164-001 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD MAGGIO, CARLO 222 OAKRIDGE BOULEVARD #C DAYTONA BEACH, FL 32118
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD NEVIASER, JULIUS S CPA 222 OAKRIDGE BOULEVARD DAYTONA BEACH, FL 32118
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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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: Carlo Maggio 4/30/04

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date