2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

FILED Feb 12, 2005 08:00 AM DOCUMENT # P00000086216 **Secretary of State** 1. Entity Name BUSINESS TECHNOLOGY U.S.A., CORP. Principal Place of Business Mailing Address 2688 W 68TH PLACE HIALEAH FL 33016 2688 W 68TH PLACE HIALEAH FL 33016 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (10/04) Applied For 4. FEI Number City & State City & State 65-1041311 Not Applicable Country Zip Country Zip \$8.75 Additional 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent FIGUEROA, MARIA L Street Address (P.O. Box Number is Not Acceptable) **2688 W 68TH PLACE** HIALEAH FL 33016 Zip Code City 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 -(NOTE Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Electron Campaign Financing \$5.00 May Be After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 10. Change PSD Delete THEF TITLE H00000226610 FIGUEROA, MARIA L NAME MARAF 02/12/05~80023-003 150.00 2688 W 68TH PLACE STREET ADDRESS STREET ADDRESS CITY - ST - ZIP HIALEAH FL 33016 CHTY-ST-21P Change Addition Delete TITLE NAME HERNANDEZ, ANTONIO 2688 W 68TH PLACE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP HIALEAH FL 33016 CHY-SI-79 ☐ Change ☐ Addition Delete THE NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY-ST-Z(P Change ☐ Addition Delete TIDE TITLE NAME NAME. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Delete Change TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CHY-ST-7IP CITY-ST-ZIP 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 ampowered.