

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 03, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P01000021389</b>																																											
1. Entity Name <b>COUNTRY USA, INC.</b>																																											
Principal Place of Business <b>7300 SW 100TH CT. MIAMI, FL 33173</b>	Mailing Address <b>7300 SW 100TH CT. MIAMI, FL 33173</b>	  01092006    No Chg-P    CRZE034 (11/05) <table border="1" style="width: 100%; border-collapse: collapse;"><tr><td style="width: 60%; padding: 2px;">4. FEI Number <b>65-1128367</b></td><td style="width: 40%; padding: 2px;">Applied For <input type="checkbox"/> Not Applicable</td></tr><tr><td colspan="2" style="padding: 2px;">5. Certificate of Status Desired    <input type="checkbox"/>    <b>\$8.75</b> Additional Fee Required</td></tr></table>	4. FEI Number <b>65-1128367</b>	Applied For <input type="checkbox"/> Not Applicable	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required																																						
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<b>DO NOT WRITE IN THIS SPACE</b>																																											
6. Name and Address of Current Registered Agent  <b>LEPRE, HUGO P 7300 SW 100TH CT. MIAMI, FL 33173</b>		<b>DO NOT WRITE IN THIS SPACE</b>																																									
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) _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>																																											
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees																																									
10. OFFICERS AND DIRECTORS <table border="1" style="width: 100%; border-collapse: collapse;"><tr><td style="width: 15%; padding: 2px;">TITLE</td><td style="padding: 2px;">PD</td></tr><tr><td style="padding: 2px;">NAME</td><td style="padding: 2px;">LEPRE, HUGO P</td></tr><tr><td style="padding: 2px;">STREET ADDRESS</td><td style="padding: 2px;">7300 SW 100TH CT.</td></tr><tr><td style="padding: 2px;">CITY-ST-ZIP</td><td style="padding: 2px;">MIAMI, FL 33173</td></tr><tr><td style="padding: 2px;">TITLE</td><td style="padding: 2px;">VPD</td></tr><tr><td style="padding: 2px;">NAME</td><td style="padding: 2px;">BUSTAMANTE, HORACIO A</td></tr><tr><td style="padding: 2px;">STREET ADDRESS</td><td style="padding: 2px;">1390 BRICKELL AVE STE 222</td></tr><tr><td style="padding: 2px;">CITY-ST-ZIP</td><td style="padding: 2px;">MIAMI, FL 33131</td></tr><tr><td style="padding: 2px;">TITLE</td><td style="padding: 2px;">TD</td></tr><tr><td style="padding: 2px;">NAME</td><td style="padding: 2px;">MANGUPLI, LUIS A</td></tr><tr><td style="padding: 2px;">STREET ADDRESS</td><td style="padding: 2px;">1390 BRICKELL AVE STE 200</td></tr><tr><td style="padding: 2px;">CITY-ST-ZIP</td><td style="padding: 2px;">MIAMI, FL 33131</td></tr><tr><td style="padding: 2px;">TITLE</td><td style="padding: 2px;"></td></tr><tr><td style="padding: 2px;">NAME</td><td style="padding: 2px;"></td></tr><tr><td style="padding: 2px;">STREET ADDRESS</td><td style="padding: 2px;"></td></tr><tr><td style="padding: 2px;">CITY-ST-ZIP</td><td style="padding: 2px;"></td></tr><tr><td style="padding: 2px;">TITLE</td><td style="padding: 2px;"></td></tr><tr><td style="padding: 2px;">NAME</td><td style="padding: 2px;"></td></tr><tr><td style="padding: 2px;">STREET ADDRESS</td><td style="padding: 2px;"></td></tr><tr><td style="padding: 2px;">CITY-ST-ZIP</td><td style="padding: 2px;"></td></tr></table>			TITLE	PD	NAME	LEPRE, HUGO P	STREET ADDRESS	7300 SW 100TH CT.	CITY-ST-ZIP	MIAMI, FL 33173	TITLE	VPD	NAME	BUSTAMANTE, HORACIO A	STREET ADDRESS	1390 BRICKELL AVE STE 222	CITY-ST-ZIP	MIAMI, FL 33131	TITLE	TD	NAME	MANGUPLI, LUIS A	STREET ADDRESS	1390 BRICKELL AVE STE 200	CITY-ST-ZIP	MIAMI, FL 33131	TITLE		NAME		STREET ADDRESS		CITY-ST-ZIP		TITLE		NAME		STREET ADDRESS		CITY-ST-ZIP		<b>DO NOT WRITE IN THIS SPACE</b>  <div style="text-align: right; font-family: monospace;">000000455418 03/15/06-80056-017 150.00</div>
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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 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: <b>X</b> 		<b>HUGO LEPRE, VP 1/12/06</b>																																									
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date    Daytime Phone #																																									