2005 FOR PROFIT CORPORATION ANNUAL REPORT DOCUMENT # P01000023076 1. Entity Name U.S.A. AUTO CARE, INC.

Mailing Address

3. Mailing Address

SUITE 101

10301 N.W. 50TH STREET

SUNRISE, FL 33351

FILED Apr 28, 2005 8:00 am Secretary of State

04-28-2005 90218 042 ***150.00

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SITE 10301 N.W. 50TH STREET SUITE 101 SUNRISE, FL 33351 City FL Zip Code City FL Z							Name						
SURRISE, FL 33351 8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, fueld or period wint 97 registered agent and site a spikosite PILE NOWIII FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 9. Election Campaign Financing Trust Fund Contribution. 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ALBANDAKJI, NOUR SIRET ADDRESS SIRET ADDRESS SIRET ADDRESS CITY-ST-2P Delete 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ALBANDAKJI, NOUR SIRET ADDRESS CITY-ST-2P Addition MAKE SIRET ADDRESS CITY-ST-2P TITLE MAKE SIRET ADDRES	10301 N.W. 50TH STREET						Street Address (P.O. Box Number is Not Acceptable)						
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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, which all other like empowered.

SIGNATURE:

Principal Place of Business

10301 N.W. 50TH STREET

2. Principal Place of Business

SUNRISE, FL 33351

SUITE 101

NOUR ALBANDAKSI
AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR