


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 03, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P01000036388</b> 1. Entity Name USG ENTERPRISES, INC.		
Principal Place of Business 2811 S. CLEARBROOK CIR. DELRAY BCH, FL 33445	Mailing Address 2811 S. CLEARBROOK CIR. DELRAY BCH, FL 33445	
<b>DO NOT WRITE IN THIS SPACE</b>		
6. Name and Address of Current Registered Agent  CARIAS, MARLON 2811 S. CLEARBROOK CIR. DELRAY BCH, FL 33445		<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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>		DATE _____ <small>(NOTE: Registered Agent signature required when reinstating)</small>
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 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		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CARIAS, MARLON 2811 S. CLEARBROOK CIR. DELRAY BCH, FL 33445	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V CARIAS, JOSUE A 2811 S. CLEARBROOK CIR. DELRAY BCH, FL 33445	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S CARIAS, MARGARITA 2811 S. CLEARBROOK CIR. DELRAY BCH, FL 33445	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS 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 empowered.		
SIGNATURE: <u>Marlon Carias</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date <u>4/18/05</u> Daytime Phone # <u>561-</u>



03212005 No Chg-P CR2E034 (10/03)

4. FEI Number 65-1095228	Applied For Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75** Additional  
Fee Required

000000360153  
05/05/05-80022-011 150.00

**DO NOT WRITE  
IN THIS SPACE**