

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 14, 2005 8:00 am
Secretary of State

01-14-2005 90016 020 ***158.75

DOCUMENT # P01000095642

1. Entity Name
KINGSWOOD INVESTMENTS USA, INC.



Principal Place of Business Mailing Address

145 ORQUIDEA AVENUE **145 ORQUIDEA AVENUE**
CORAL GABLES, FL 33143 **CORAL GABLES, FL 33143**

40000932



2. Principal Place of Business 3. Mailing Address

168 S.E. 1st Street **168 S.E. 1st Street**
 Suite, ~~Apartment~~ **600** Suite, ~~Apartment~~ **600**

01102005 Chg-P CR2E034 (10/03)

City & State City & State

MIAMI - FL **MIAMI - FL**

4. FEI Number Applied For

65-1141422 Not Applicable

Zip Country Zip Country

33131 **USA** **33131** **USA**

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
LOPEZ, JORGE O 145 ORQUIDEA AVE CORAL GABLES, FL 33143	Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City FL Zip Code _____

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 _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD LOPEZ, JORGE O 145 ORQUIDEA AVENUE CORAL GABLES, FL 33143 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD LOPEZ, JORGE O 168 S.E. 1st Street # 600 MIAMI - FL 33131 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V ROMAN, NORBERTO 145 ORQUIDEA AVENUE CORAL GABLES, FL 33143 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V ROMAN NORBERTO 168 S.E. 1st. Street # 600 MIAMI - FL 33131 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____ <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____ <input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:  **N. ROMAN** Date **1-10-05** Daytime Phone # **(305)381-6810**