


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 25, 2005 8:00 am
Secretary of State

05-25-2005 90001 037 ***150.00

DOCUMENT # P01000095962 1. Entity Name USA COMMERCIAL-RESIDENTIAL, INC.					
Principal Place of Business 15499 W. DIXIE HIGHWAY NORTH MIAMI BEACH, FL 33162			Mailing Address 15499 W. DIXIE HIGHWAY NORTH MIAMI BEACH, FL 33162		
2. Principal Place of Business 21406 W. Dixie Hwy Suite, Apt. #, etc.		3. Mailing Address 21406 W. Dixie Hwy Suite, Apt. #, etc.			
City & State Aventura FL Zip 33180		City & State Aventura, FL Zip 33180		4. FEI Number 65-1142205	
Country USA		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent GENET, SANDOR F ESQ 99 NE 167TH STREET NORTH MIAMI BEACH, FL 33162			7. Name and Address of New Registered Agent Name Lawrence M. Weisberg Esq Street Address (P.O. Box Number is Not Acceptable) 6877 S.W. 18th Street City Boca Raton FL Zip Code 33441		
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>					
FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPVS GOLDMAN, JAY <input type="checkbox"/> Delete 15499 W. DIXIE HIGHWAY NORTH MIAMI BEACH, FL 33162		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 21406 W. DIXIE HWY Aventura, FL 33180	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T GOLDMAN, JAY <input type="checkbox"/> Delete 15499 W. DIXIE HIGHWAY NORTH MIAMI BEACH, FL 33162		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 21406 W. DIXIE HWY Aventura, FL 33180	
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	
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	
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	
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	
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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			5-23-05 305-216-4324 <small>Date Daytime Phone #</small>		