2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P01000095962

1. Entity Name
USA COMMERCIAL-RESIDENTIAL, INC.



FILED Apr 13, 2007 08:00 AM Secretary of State

CR2E034 (11/05)

Fee Required

Principal Place of Business

21406 W. DIXIE HWY MIAMI, FL 33180 Mailing Address

21406 W. DIXIE HWY MIAMI, FL 33180



DO NOT WRITE IN THIS SPACE 04092007

4. FEI Number
65-1142205
Applied For
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional

6. Name and Address of Current Registered Agent

WEISBERG, ESQ., LAWRENCE M. 6901 SW 18TH STREET E105 BOCA RATON FL. 33433

DO NOT WRITE IN THIS SPACE

No Chg-P

BOCA RATON, FL 33433				IN THIS SPACE		
	tions of registered agent.				oth, in the State of Florida. I am familiar with, and accept	
	Signature, typed or printed name of registered agent and title if	applicable (NO1E: Registe	red Agent signature	required when reinstating)	DATE	
	E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550.00	9. Election Campaign Fina Trust Fund Contribution		\$5.00 May Be Added to Fees		
10.	OFFICERS AND DIREC	TORS			1 	
NAME STREET ADDRESS CITY-ST-ZIP	DPVS GOLDMAN, JAY 21406 W. DIXIE HIGHWAY AVENTURA, FL 33180				000000704150 04/20/07-80168-020 150.00	
NAME STREET ADDRESS CITY-ST-ZIP	T GOLDMAN, JAY 21406 W. DIXIE HIGHWAY AVENTURA, FL 33180					
TOTLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN .	THIS SPACE	
TITLE NAME						

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:

STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/9/07 305-214-4324