

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 04, 2005 8:00 am
Secretary of State

05-04-2005 90125 026 ***150.00

40081150

DO NOT WRITE IN THIS SPACE

DOCUMENT # P01000108665
1. Entity Name
USA SHARE, INC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
3591 N. ANDREWS AVE
Suite, Apt. #, etc. SUITE B

3. Mailing Address
61 NW 35 COURT
Suite, Apt. #, etc.

City & State
OAKLAND PARK - FL

City & State
OAKLAND PARK - FL

Zip
33309 Country
BROWARD

Zip
33309 Country
BROWARD

4. FEI Number
01-0670172

Applied For
 Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name CHAM FRED PIERRE

Street Address (P.O. Box Number is Not Acceptable)
61 NW 35TH COURT -

City OAKLAND PARK FL Zip Code 33309

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.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so.
(See criteria on back)

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
Make Check Payable to Department of State

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

11. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<u>CEO / PRESIDENT</u> <u>CHAM FRED PIERRE</u> <u>61 NW 35TH COURT - OAKLAND PK</u> <u>FL 33309</u>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<u>HANS PIERRE</u> <u>DIRECTOR - TREASURER</u> <u>61 NW 35TH COURT</u> <u>OAKLAND PARK, FL 33309</u>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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13. 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 11 or on an attachment with an address, with all other like empowered.

SIGNATURE Cham Fred Pierre (CHAM-FRED-PIERRE05-1-05)
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____ Daytime Phone # _____

CR2E034B (12/01)

954-630-1542
954-564-3330
951-558-5199