

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

FILED
Apr 28, 2006 8:00 am
Secretary of State

04-28-2006 90156 046 ***150.00

DOCUMENT # 701000108665
1. Entity Name
USA-SHARE, INC.

DO NOT WRITE IN THIS SPACE

40068555

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
61NW35TH COURT
Suite, Apt. #, etc. N/A

3. Mailing Address
61NW35TH COURT
Suite, Apt. #, etc. N/A

City & State
FORT LAUDERDALE-FL
Zip 33309 Country BROWARD

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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 C HAM-FRED-PIERRE
Street Address (P.O. Box Number is Not Acceptable)
61NW35TH COURT
City FORT LAUDERDALE 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>PRESIDENT / CEO C HAM-FRED-PIERRE 61NW35THCOURT FORT LAUDERDALE-FL 33309</u>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<u>DIRECTOR - TREASURER HANS PIERRE 3591 N. ANDREWS AVE FORT LAUDERDALE-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)(f), 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* 04-15-2006
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/01)