
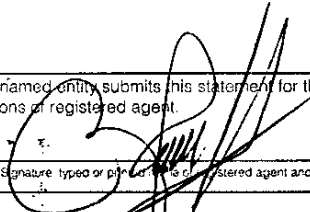
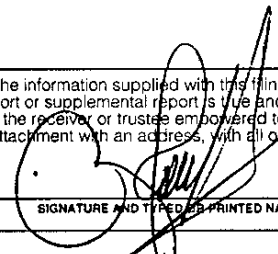


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 06, 2005 8:00 am**  
**Secretary of State**

05-06-2005 90106 035 \*\*\*150.00

<b>DOCUMENT # P02000005086</b> 1. Entity Name <b>FLORIDA MARKETING USA CORP.</b>					
Principal Place of Business <b>8180 NW 36 ST., STE #409 MIAMI, FL 33166</b>			Mailing Address <b>8180 NW 36 ST., STE #409 MIAMI, FL 33166</b>		
2. Principal Place of Business <b>8180 NW 36 ST. STE 416</b>		3. Mailing Address <b>8180 NW 36 ST.</b>			
Suite, Apt. #, etc. <b>STE. 416</b>		Suite, Apt. #, etc. <b>STE. 416</b>		05032005 Chg-P CR2E034 (10/03)	
City & State <b>MIAMI, FL.</b>		City & State <b>MIAMI, FL.</b>		4. FEI Number <b>01-0607092</b>	
Zip <b>33166</b>		Country <b>DADE</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>DIAZ, MARIEMMA 8180 NW 36 ST., STE #409 MIAMI, FL 33166</b>				7. Name and Address of New Registered Agent Name <b>DIAZ, MARIEMMA</b> Street Address (P.O. Box Number is Not Acceptable) <b>8180 NW 36 ST. STE. 416</b> City <b>MIAMI</b> <b>FL</b> Zip Code <b>33166</b>	
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  DATE <b>05/02/05</b> <small>Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating).</small>					
<b>FILE NOW!!! FEE VS \$150.00 Due by September 7, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P DIAZ, MARIEMMA 8180 NW 36 ST., STE #409 MIAMI, FL 33166</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P DIAZ, MARIEMMA 8180 NW 36 ST. STE. 416 MIAMI, FL. 33166</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP PIMENTEL, ARTORO 8180 NW 36 ST., STE #409 MIAMI, FL 33166</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP PIMENTEL, ARTURO 8180 NW 36 ST STE. 416 MIAMI, FL. 33166</b> <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	
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.					
<b>SIGNATURE:</b> 			Date <b>05/02/05</b> Daytime Phone #		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					