

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 30, 2004 8:00 am**  
**Secretary of State**

04-30-2004 90356 028 \*\*\*150.00

**DOCUMENT # P02000005666**

1. Entity Name  
USA INSURANCE COMPANY



Principal Place of Business

11255 SW 211 ST  
MIAMI, FL 33189

Mailing Address

11255 SW 211 ST  
MIAMI, FL 33189

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04222004

Chg-P

CR2E034 (10/03)

4. FEI Number  
04-3593604

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

DELGADO, CLAUDIO E  
83 W 22 ST #2  
HIALEAH, FL 33010

7. Name and Address of New Registered Agent

Name **THOSVANY MARCHENA**  
Street Address (P.O. Box Number is Not Acceptable)  
**11255 SW 211 Street**  
City **Miami** FL Zip Code **33189**

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 *[Signature]*  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

|                |                    |  |
|----------------|--------------------|--|
| TITLE          | PTSD               | <input checked="" type="checkbox"/> Delete |
| NAME           | DELGADO, CLAUDIO E |  |
| STREET ADDRESS | 83 W 22 ST #2      |  |
| CITY-ST-ZIP    | HIALEAH, FL 33010  |  |
| TITLE          | VD                 | <input checked="" type="checkbox"/> Delete |
| NAME           | VAZQUEZ, NAYVI     |  |
| STREET ADDRESS | 14420 SW 71 LANE   |  |
| CITY-ST-ZIP    | MIAMI, FL 33183    |  |
| TITLE          |                    | <input type="checkbox"/> Delete            |
| NAME           |                    |  |
| STREET ADDRESS |                    |  |
| CITY-ST-ZIP    |                    |  |
| TITLE          |                    | <input type="checkbox"/> Delete            |
| NAME           |                    |  |
| STREET ADDRESS |                    |  |
| CITY-ST-ZIP    |                    |  |
| TITLE          |                    | <input type="checkbox"/> Delete            |
| NAME           |                    |  |
| STREET ADDRESS |                    |  |
| CITY-ST-ZIP    |                    |  |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

|                |                     |  |
|----------------|---------------------|--|
| TITLE          | PTSD                | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           | THOSVANY MARCHENA   |  |
| STREET ADDRESS | 11255 SW 211 Street |  |
| CITY-ST-ZIP    | Miami FL 33189      |  |
| TITLE          |                     | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                     |  |
| STREET ADDRESS |                     |  |
| CITY-ST-ZIP    |                     |  |
| TITLE          |                     | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                     |  |
| STREET ADDRESS |                     |  |
| CITY-ST-ZIP    |                     |  |
| TITLE          |                     | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                     |  |
| STREET ADDRESS |                     |  |
| CITY-ST-ZIP    |                     |  |

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: *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-22-04 1780 282-8849