

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 25, 2005 8:00 am**  
**Secretary of State**

04-25-2005 90303 048 \*\*\*150.00

<b>DOCUMENT # P02000008193</b> 1. Entity Name <b>A F C USA GROUP CORPORATION</b>					
Principal Place of Business <b>7225 N W 25 STREET</b> <b>300</b> <b>MIAMI, FL 33132</b>			Mailing Address <b>7225 N W 25 STREET</b> <b>300</b> <b>MIAMI, FL 33132</b>		
2. Principal Place of Business <b>7570 NW 14 STREET</b> Suite, Apt. #, etc. <b># 112</b>			3. Mailing Address <b>7570 NW 14 STREET</b> Suite, Apt. #, etc. <b># 112</b>		
City & State <b>MIAMI</b> Zip <b>FL</b> Country <b>33126</b>		City & State <b>MIAMI</b> Zip <b>FL</b> Country <b>33126</b>		4. FEI Number <b>04-3595045</b>	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				Applied For <input type="checkbox"/> Not Applicable <input checked="" type="checkbox"/>	
6. Name and Address of Current Registered Agent  <b>CESAR, NEVZA M</b> <b>7225 N W 25 STREET</b> <b>#300</b> <b>MIAMI, FL 33122</b>			7. Name and Address of New Registered Agent Name <b>CESAR NEVZA M</b> Street Address (P.O. Box Number is Not Acceptable) <b>7570 NW 14 STREET # 112</b> City <b>MIAMI</b> Zip Code <b>FL 33126</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  <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing - Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD FRACASCIO, EDISON 910 NE 209 TERRACE MIAMI BEACH, FL 33132	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	P.D. FRACASCIO, EDISON 7570 NW 14 STREET #112 MIAMI, FL 33126
<input type="checkbox"/> Change <input type="checkbox"/> Addition		<input type="checkbox"/> Change <input type="checkbox"/> Addition		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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>  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
Date _____				Daytime Phone # _____	

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