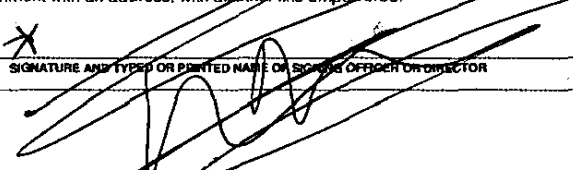


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 05, 2004 8:00 am**  
**Secretary of State**

04-05-2004 90073 008 \*\*\*150.00

<b>DOCUMENT # P02000033132</b> 1. Entity Name <b>U.S. MASTER DESIGN, INC.</b>			
Principal Place of Business <b>1301 N.E. MIAMI GARDENS DR. #1201 N. MIAMI, FL 33179</b>		Mailing Address <b>1301 N.E. MIAMI GARDENS DR. #1201 N. MIAMI, FL 33179</b>	
2. Principal Place of Business <b>19355 NE 10 AVE</b> Suite, Apt. #, etc. <b>515</b>		3. Mailing Address Suite, Apt. #, etc.	
City & State <b>N. MIAMI, FL</b>		City & State	
Zip <b>33179</b> Country		Zip Country	
4. FEI Number <b>02-0574168</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>BARNETCHE, LEONARDO D 1301 N.E. MIAMI GARDENS DR. #1201 N. MIAMI, FL 33179</b>		7. Name and Address of New Registered Agent Name <b>BARNETCHE LEONARDO</b> Street Address (P.O. Box Number is Not Acceptable) <b>19355 NE 10 AVE #515</b> City <b>N. MIAMI</b> <b>FL</b> Zip Code <b>33179</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 _____ (NOTE: Registered Agent signature required when resigning) DATE _____			
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 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>	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BARNETCHE, LEONARD D 1301 N.E. MIAMI GARDENS DR. #1201 N. MIAMI, FL 33179	<input checked="" type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BARNETCHE LEONARDO D 19355 NE 10 AVE #515 N. MIAMI FL 33179	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<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.			
SIGNATURE: 		Date <b>03/31/04</b> Daytime Phone # <b>950-922-7288</b>	