

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000042197

FILED  
Apr 21, 2004  
Secretary of State

Entity Name: AMERICAN FINANCIAL SERVICES USA CORP.

## Current Principal Place of Business:

1631 EAST VINE STREET  
KISSIMMEE, FL 34744

## New Principal Place of Business:

2983 VINELAND ROAD  
KISSIMMEE, FL 34746

## Current Mailing Address:

1631 EAST VINE STREET  
KISSIMMEE, FL 34744

## New Mailing Address:

2983 VINELAND ROAD  
KISSIMMEE, FL 34746

FEI Number: 04-3687995

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

CROES, MIGDALIA  
1631 EAST VINE STREET  
KISSIMMEE, FL 34744 US

## Name and Address of New Registered Agent:

CROES, MIGDALIA  
2983 VINELAND ROAD  
KISSIMMEE, FL 34746 US

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:

04/21/2004

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: CROES, MIGDALIA  
Address: 1631 EAST VINE STREET  
City-St-Zip: KISSIMMEE, FL 34744

Title: D ( ) Delete  
Name: RAVELO, LOURDES J  
Address: 1631 EAST VINE STREET  
City-St-Zip: KISSIMMEE, FL 34744

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition  
Name: CROES, MIGDALIA  
Address: 2983 VINELAND ROAD  
City-St-Zip: KISSIMMEE, FL 34746

Title: D (X) Change ( ) Addition  
Name: RAVELO, LOURDES J  
Address: 2983 VINELAND ROAD  
City-St-Zip: KISSIMMEE, FL 34746

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MIGDALIA CROES

P

04/21/2004

Electronic Signature of Signing Officer or Director

Date