2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000045517

City-St-Zip:

MIAMI, FL 33132

Entity Name: INTERPRISE USA CORP.

FILED Jan 04, 2007 Secretary of State

Littly Nan	ile. INTERF	RISE USA CORF.				
Current Principal Place of Business:			New Principa	New Principal Place of Business:		
2315 NW 107 AVE. UNIT 1M-53/PM BOX 77 MIAMI, FL 33172 Current Mailing Address:			BOX 77	2315 NW 107 AVE. UNIT 1M-51/52 BOX 77 MIAMI, FL 33172		
			New Mailing	New Mailing Address:		
2315 NW 107 AVE. UNIT 1M-53/PM BOX 77 MIAMI, FL 33172			BOX 77	2315 NW 107 AVE. UNIT 1M-51/52 BOX 77 MIAMI, FL 33172		
FEI Number:	03-0436439	FEI Number Applied For ()	FEI Number Not Applicat	ele () Certificate of Status Desired ()		
Name and	Address of	Current Registered Agent:	Name and Ad	Name and Address of New Registered Agent:		
	DUNTING & D AVE, STE 33132 US	406				
The above in the State		y submits this statement for the pu	urpose of changing its r	egistered office or registered agent, or both,		
SIGNATUR	RE:					
	Electro	onic Signature of Registered Age	nt	Date		
Election Can	npaign Financi	ing Trust Fund Contribution ().				
OFFICERS	AND DIRE	CTORS:	ADDITIONS/0	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS		
Title: Name: Address: City-St-Zip:	PD (DE SOUZA, L 141 N.E. 3D A MIAMI, FL 33	AVE.	Title: Name: Address: City-St-Zip:	() Change () Addition		
Title: Name: Address: City-St-Zip:	D (MODA, ERNE 141 N.E. 3D / MIAMI, FL 33	AVE.	Title: Name: Address: City-St-Zip:	()Change ()Addition		
Title: Name: Address:	D (BORSETTI, S 141 N.E. 3D		Title: Name: Address:	() Change () Addition		

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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.

City-St-Zip:

SIGNATURE: VICTORIA MORAES MS. 01/04/2007