2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Jan 29, 2007 08:00 AM Secretary of State

DOCUMENT # P02000073425					Secretary of State			
1. Entity Nan	ne					•		
PUBLICA	ATIONS UNLIMITED USA, INC).			,			
Principal Plac	ee of Business	Mailing Address	New Transport	-				
3557 NW 53	BRD CT Erdale, Fl. 33309	3557 NW 53RD CT FORT LAUDERDALE, FL 3330)9					
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	and the second of the second o	A CONTRACTOR OF THE STATE OF TH	n in pit.		of Status Desired	□ \$8.1	75 Additional Required	
	6. Name and Address of Current Re	gistered Agent	1,ai , 18 3 1 .	Land Company	The state of the s			
	, STEPHEN M	****	DO)	NOT W	RITE	3		
2950 W. CYPRESS CREEK RD, SUITE 102 FT LAUDERDALE, FL 33309			10.00		THIS SP		Section 1	
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8. The above	named entity submits this statement for the	e purpose of changing its registe	ered office or register	red agent, or bo	th, in the State of Flor	rida. I am famili	ar with, and accept	
the obliga	tions of registered agent.						•	
SIGNATURE.	Signature, typed or printed name of registered agent and	title d applicable (NOTE: Registe	red Agent signature required	d when reinstating)		DATE		
FILE NOWILL FEE IS \$150.00 9. Election Can After May 1, 2007 Fee will be \$550.00 Trust Fund C				.00 May Be fed to Fees	U0000006 02/02/07-8		6 150 .0 0	
10.	OFFICERS AND DI	RECTORS	STATES 1.	pol Birth	Carlon Contract			
TITLE NAME	KAHN, ROBERT		and post of the	i kanangi.	Marie A Brance W	4		
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 signature shall have the same legal effect as it made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as regarded 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:

NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED HAMP OF SIGNING OFFICER OR DIRECTOR

PAS DE PARIO

Daytime Phone #