FOR PROFIT CORPORATION

11/15/04 01061 022 \*150.66
ATX1

		SS REPORT (	<u>UBF</u>	₹)	SECRETARY	OF STATE	io.
DOCUMENT # PO2 000 077505					DIVISION OF CORPORATIONS		
1. Entity Name					04 NOV 16	AM 8: 00	
					UM NOVIC	MII W. WY	
INFINITY FINANCIAL USA CORP.							
DO NOT WRITE IN THIS SPACE							
DO NOT WRITE IN THIS SPACE							
Principal Place of Business     3. Mailing Address				<u> </u>			
151 S. WYMORE RD. Ste 510 Suite, Apt. #, etc.		Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE MA		
					11120		
City & State ALTAMONTE SPRINGS, FL		City & State			4. FEI Number 59-3677386		Applied For Not Applicable
Zip Country		Zip Country				\$8.75 Additional	
32714					5. Certificate of Status		Fee Required
				7. Nam Name	ne and Address of Cu	rrent Regist	ered Agent
DO NOT WOITE Khalsa Deva							
				Street Address (P.O. Box Number is Not Acceptable) 6980 S Sylvan LK Dr			
IN THIS SPACE 6980 S Sylvan					LK DI		
				City	· · · · · · · · · · · · · · · · · · ·		7'n Codo
				City Sanford		FL	Zip Code 32771
8. The above named	l entity submits this sta	atement for the purpose	e of ch	hanging its regis	stered office or register	red agent, or l	both, in the
State of Florida. I am familiar with, and accept the obligations of registered agent.							
SIGNATURE	ure typed or printed name of	registered agent and title if ap	nnlicable	△ (NOTF: Regist	ered Agent signature required	d when reinstating	) DATE
January 1	- May 1 Fee is \$150.0		Phone	3. (NOTE, INGION	<u> </u>		)) DATE
After May 1, Fee is \$550,00 Amended UBR is \$61,25					<ol><li>Election Campaign I Trust Fund Contribu</li></ol>		\$5.00 May Be Added to Fees
Make Check Payable	e to Florida Departm				Hust Fund Continu	uon	Added to Fees
10. TITLE	OFFICERS AN Director	ND DIRECTORS	11.	ne:			
NAME	Khalsa, Didar			ME			
STREET ADDRESS CITY-ST-ZIP	419 Barclay Avenue Altamonte springs, F	I 22704		TREET ADDRESS			
TITLE	Altamonte springs, i	L + 32/U1		TY-ST-ZIP TLE			
NAME STREET ADDRESS				AME			
CITY-ST-ZIP			E	FREET ADDRESS TY-ST-ZIP			
TITLE		- International Control	Ti	TLE			
NAME STREET ADDRESS				AME FREET ADDRESS			
CITY-ST-ZIP	ļ	·	CI	TY-ST-ZIP	DOL	WTOP	RITE
TITLE NAME			3.31.31.31.31	TLE VME	INT	HIS SP	ACE
STREET ADDRESS			ST	REET ADDRESS			
CITY-ST-ZIP TITLE				TY-ST-ZIP TLE			
NAME			NA	ME			
STREET ADDRESS CITY-ST-ZIP				REET ADDRESS TY-ST-ZIP			
TITLE			Tij	îLE			
NAME STREET ADDRESS				NME REET ADDRESS			
CITY-ST-ZIP			CIT	TY-ST-ZIP			
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 the amenagement in Block 10 or on an attachment with an address, with all other like empowered.							
Chapter 607, Florida	Statutes; and that my na	ame appears in Block 10	or on a	in attachment with	an address, with all other	er like empower	ed.
	Ш. 1)				11/0/5	1 400	×9-
SIGNATURE:	THE AND TYPES OF	PRINTED NAME OF SIG	- INIC	OCCIOCO OD DII	11/10/	16	4.0
SIGNA	TIGHTE AND THE BOOK	THE NAME OF SIG	DAINE	OFFICER OR DI	RECTOR L Date	Day	time Phone #