

**AMENDED**  
**FOR PROFIT CORPORATION**  
**UNIFORM BUSINESS REPORT (UBR)**

11/15/04 01061 022  
\*150.66  
ATX1  
FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
04 NOV 16 AM 8:00

<b>DOCUMENT #</b> P02000077505 <b>1. Entity Name</b> INFINITY FINANCIAL USA CORP.
---

**DO NOT WRITE IN THIS SPACE**

<b>2. Principal Place of Business</b> 151 S. WYMORE RD. Ste 510 Suite, Apt. #, etc.		<b>3. Mailing Address</b> Suite, Apt. #, etc.	
<b>City &amp; State</b> ALTAMONTE SPRINGS, FL		<b>City &amp; State</b>	
<b>Zip</b> 32714	<b>Country</b>	<b>Zip</b>	<b>Country</b>

<b>4. FEI Number</b> 59-3677386	<b>Applied For</b> <input type="checkbox"/> Not Applicable
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

DO NOT WRITE IN THIS SPACE *MRS*

**DO NOT WRITE  
IN THIS SPACE**

<b>7. Name and Address of Current Registered Agent</b>	
<b>Name</b> Khalsa Deva K	
<b>Street Address (P.O. Box Number is Not Acceptable)</b> 6980 S Sylvan LK Dr	
<b>City</b> Sanford	<b>Zip Code</b> 32771

**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**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

<b>January 1 - May 1 Fee is \$150.00</b> <b>After May 1, Fee is \$550.00</b> <b>Amended UBR is \$61.25</b> <b>Make Check Payable to Florida Department of State</b>	<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
--	---

<b>10. OFFICERS AND DIRECTORS</b>		<b>11.</b>	
<b>TITLE</b> NAME <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	Director Khalsa, Didar 419 Barclay Avenue Altamonte springs, FL - 32701	<b>TITLE</b> NAME <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	
<b>TITLE</b> NAME <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>		<b>TITLE</b> NAME <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	
<b>TITLE</b> NAME <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>		<b>TITLE</b> NAME <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>DO NOT WRITE IN THIS SPACE</b>
<b>TITLE</b> NAME <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>		<b>TITLE</b> NAME <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	
<b>TITLE</b> NAME <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>		<b>TITLE</b> NAME <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	
<b>TITLE</b> NAME <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>		<b>TITLE</b> NAME <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	

**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 on an attachment with an address, with all other like empowered.**

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #