


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 03, 2006 8:00 am
Secretary of State

03-03-2006 90300 001 *****5.00
03-03-2006 90300 002 ***150.00

DOCUMENT # P02000091549	
1. Entity Name PRESSING USA, INC.	

Principal Place of Business 201 HUNT ST AP 521 CLERMONT, FL 34711	Mailing Address 201 HUNT ST AP 521 CLERMONT, FL 34711
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66003598



2. Principal Place of Business 12950 West Colonial Dr.	3. Mailing Address 12950 West Colonial Dr.
Suite, Apt. #, etc.	Suite, Apt. #, etc.

02212006 Chg-P CR2E034 (11/05)

City & State Winter Garden FL	City & State Winter Garden FL
Zip 34787	Country USA
Zip 34787	Country USA

4. FEI Number 81-0567449	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent ACERO, MANUEL F 201 HUNT ST AP 521 CLERMONT, FL 34711	
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7. Name and Address of New Registered Agent Name ACERO, Manuel F. Street Address (P.O. Box Number is Not Acceptable) 12950 West Colonial Dr. City Winter Garden FL Zip Code 34787	
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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: _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input checked="" type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP ACERO, MANUEL F 201 HUNT ST AP 521 CLERMONT, FL 34711 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP ACERO MANUEL F 12950 West Colonial Dr. Winter Garden 34787 FL. <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 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 Block 11 if changed, 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 2/21/2006	Daytime Phone # 352-406-9593
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