

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

04 MAY 18 AM 9:10

DOCUMENT # P02000109723 1. Entity Name U.S.A.-B.R. CONTRACTORS, INC.			
Principal Place of Business 5831 BENT PINE DR. #102 ORLANDO, FL 32822		Mailing Address 5831 BENT PINE DR. #102 ORLANDO, FL 32822	
2. Principal Place of Business 195 HIDDEN SPRING CIR Suite, Apt. #, etc.		3. Mailing Address 195 HIDDEN SPRING CIR Suite, Apt. #, etc.	
City & State KISSIMMEE F.L. Zip 34743		City & State KISSIMMEE F.L. Zip 34743	
4. FEI Number 59-3677771		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent DA SILVA, OLIVEIRA S 5831 BENT PINE DR. #102 ORLANDO, FL 32822		7. Name and Address of New Registered Agent Name DA SILVA OLIVEIRA S Street Address (P.O. Box Number is Not Acceptable) 195 HIDDEN SPRING CIR City KISSIMMEE FL Zip Code 34743	
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, the registered agent. SIGNATURE: 04-28-04 DATE			
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE P NAME DA SILVA, OLIVEIRA S STREET ADDRESS 5831 BENT PINE DR. #102 CITY-ST-ZIP ORLANDO, FL 32822	<input type="checkbox"/> Delete	TITLE P NAME DA SILVA OLIVEIRA S STREET ADDRESS 195 HIDDEN SPRING CIR CITY-ST-ZIP KISSIMMEE F.L. 34743	<input checked="" 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
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
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 Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE:		04-28-04 3212294288	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	

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