

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000113762

FILED  
Apr 23, 2004  
Secretary of State

**Entity Name:** U.S.A. LENDING, REALTY & CREDIT REPAIR, INC.

**Current Principal Place of Business:**

991 N MIAMI BEACH BLVD  
N MIAMI BEACH, FL 33162

**New Principal Place of Business:**

**Current Mailing Address:**

991 N MIAMI BEACH BLVD  
N MIAMI BEACH, FL 33162

**New Mailing Address:**

**FEI Number:** 75-3041042

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

SHOMAR, JOSEPH  
5190 NW 167TH ST #113  
MIAMI, FL 33014

**Name and Address of New Registered Agent:**

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.

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: DPT ( ) Delete  
Name: FARAH, EMILE  
Address: 991 N MIAMI BEACH BLVD  
City-St-Zip: N MIAMI BEACH, FL 33162

Title: DVS ( ) Delete  
Name: LOPEZ, YAHAYRA  
Address: 991 N MIAMI BEACH BLVD  
City-St-Zip: N MIAMI BEACH, FL 33162

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** EMILE N FARAH

DPT

04/23/2004

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date