

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000113762

FILED
May 10, 2005
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 US

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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 FARAH

DPT

05/10/2005

_____ Electronic Signature of Signing Officer or Director

_____ Date