



05-02-2003 90742 018 ***150.00

**2003 FOR PROFIT CORPORATION
 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P02000118782				90123132			
1. Entity Name CHAMBER ALLIANCE USA, INC.							
Principal Place of Business 915 S.E. 22ND AVE STE 6 POMPANO BEACH, FL 33062		Mailing Address 915 S.E. 22ND AVE STE 6 POMPANO BEACH, FL 33062					
2. Principal Place of Business 5581 SW 11th St		3. Mailing Address P.O. Box 771975					
Suite, Apt. #, etc. Apt-H		Suite, Apt. #, etc.					
City & State Margate, FL		City & State Coral Springs, FL				4. FEI Number 46-0508462	
Zip 33068 Country USA		Zip 33077-1975 Country USA				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent POVOLI, ALEXANDER B 915 S.E. 22ND AVE STE 6 POMPANO BEACH, FL 33062			7. Name and Address of New Registered Agent Name Alexander B. Povoli Street Address (P.O. Box Number is Not Acceptable) 5581-H SW 11th St City MARGATE FL Zip Code 33068				
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 Alexander B. Povoli, President DATE March 18, 03 <small>Signature, typed or printed name of registered agent and title if applicable. NOTE: Registered Agent signature required when necessary.</small>							
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 NAME STREET ADDRESS CITY-ST-ZIP	DV YAZZETTI, RONALD 916 S.E. 22ND AVE STE 6 POMPANO BEACH, FL 33062	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SARA POVOLI 5581-H SW 11th St MARGATE, FL 33068	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV ROBLES, ANGEL 915 S.E. 22ND AVE STE 6 POMPANO BEACH, FL 33062	<input checked="" 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	DM BASSLER, JAMES 916 S.E. 22ND AVE STE 6 POMPANO BEACH, FL 33062	<input checked="" 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		
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 exemption stated in Section 119.07(3)(c), 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: Alex Povoli Alex Povoli 4/22/03 954 907 7348 <small>SIGNATURE AND TYPED OR PRINTED NAME OF BOARD OFFICER OR DIRECTOR</small>							

CPRE004 (10/02)