

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000020272

FILED  
Apr 07, 2005  
Secretary of State

Entity Name: UNITED STATES HUMANITARIAN AID, INC.

## Current Principal Place of Business:

28 WEST FLAGLER, STE. 202  
MIAMI, FL 33130

## New Principal Place of Business:

3300 NW NORTH RIVER DRIVE  
MIAMI, FL 33142

## Current Mailing Address:

28 WEST FLAGLER, STE. 202  
MIAMI, FL 33130

## New Mailing Address:

3300 NW NORTH RIVER DRIVE  
MIAMI, FL 33142

FEI Number: 75-3171936

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

BURKE, JON W  
28 WEST FLAGLER, STE. 202  
MIAMI, FL 33130 US

## Name and Address of New Registered Agent:

BURKE, JON W  
3300 NW NORTH RIVER DRIVE  
MIAMI, FL 33142 US

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:

04/07/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: VALDES, REINALDO C  
Address: 28 WEST FLAGLER, STE. 202  
City-St-Zip: MIAMI, FL 33130

Title: VD ( ) Delete  
Name: ARANGO, RICARDO  
Address: 28 WEST FLAGLER, STE. 202  
City-St-Zip: MIAMI, FL 33130

Title: STD ( ) Delete  
Name: BURKE, JON W  
Address: 28 WEST FLAGLER, STE. 202  
City-St-Zip: MIAMI, FL 33130

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition  
Name: VALDES, REINALDO C  
Address: 3300 NW NORTH RIVER DRIVE  
City-St-Zip: MIAMI, FL 33142

Title: VD (X) Change ( ) Addition  
Name: ARANGO, RICARDO  
Address: 3300 NW NORTH RIVER DRIVE  
City-St-Zip: MIAMI, FL 33142

Title: STD (X) Change ( ) Addition  
Name: BURKE, JON W  
Address: 3300 NW NORTH RIVER DRIVE  
City-St-Zip: MIAMI, FL 33142

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: JON W. BURKE

STD

04/07/2005

Electronic Signature of Signing Officer or Director

Date