


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 11, 2005 8:00 am**  
**Secretary of State**

04-11-2005 90145 048 \*\*\*150.00


<b>DOCUMENT # P03000020664</b>	
1. Entity Name <b>U.S HORIZON BUSINESS CORP.</b>	

Principal Place of Business <b>13439 SW 59 TERR MIAMI, FL 33183</b>	Mailing Address <b>13439 SW 59 TERR MIAMI, FL 33183</b>
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2. Principal Place of Business <b>3486 SW 27 ST</b>	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <b>MIAMI FL</b>	City & State
Zip <b>33133</b>	Country <b>USA</b>

**40052203**



01272005 Chg-P CR2E034 (10/03)

4. FEI Number <b>35-2198035</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent <b>TOLEDO, ANDY 13439 SW 59 TERR MIAMI, FL 33183</b>	7. Name and Address of New Registered Agent Name <b>ONAY SIMON PEREZ</b> Street Address (P.O. Box Number is Not Acceptable) <b>3486 SW 27 ST</b> City <b>MIAMI</b> FL Zip Code <b>33133</b>
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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 ONAY SIMON PEREZ 4/6/05 DATE

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE <b>P</b>	<input checked="" type="checkbox"/> Delete	TITLE <b>P</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME <b>TOLEDO, ANDY</b>		NAME <b>SIMON PEREZ ONAY</b>	
STREET ADDRESS <b>13439 SW 59 TERR</b>		STREET ADDRESS <b>3486 SW 27 ST</b>	
CITY-ST-ZIP <b>MIAMI, FL 33183</b>		CITY-ST-ZIP <b>MIAMI FL 33133</b>	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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: ONAY SIMON PEREZ **PRESIDENT** 4/6/05

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #