2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000042417

Entity Name: USA PROFESSIONAL MARKETING, INC.

FILED May 06, 2009 Secretary of State

Current Principal Place of Business:			New Principal Plac	New Principal Place of Business:	
	G BAY DRIVE FON, FL 3349	8			
Current Ma	ailing Addres	ss:	New Mailing Addre	New Mailing Address:	
	G BAY DRIVE FON, FL 3349	8			
FEI Number:	30-0166915	FEI Number Applied For()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and	Address of C	Current Registered Agent:	Name and Address	of New Registered Agent:	
3107 STIRI FT LAUDE	R, BARRY S LING RD, STE RDALE, FL 33	3312 US	numpee of changing its register	rod office or registered egent or both	
in the State	named entity s of Florida.	submits this statement for the	e purpose of changing its register	red office or registered agent, or both,	
SIGNATUR	RE:				
	Electron	ic Signature of Registered A	gent	Date	
		3(2)(b), F.S., the corporation didgrund Trust Fund Contribution ().	not receive the prior notice.		
OFFICERS AND DIRECTORS:			ADDITIONS/CHAN	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	MS. () CARICATO, LIS 10851 KING BA BOCA RATON,	Y DRIVE	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	CARICATO, LIS 5706 NW 48TH		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	MS. () CARICATO, LIS 10851 KING BA BOCA RATON,	Υ	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	MS. () CARICATO, LIS 10851 KING BA BOCA RATON,	Y DRIVE	Title: Name: Address: City-St-Zip:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: LISA CARICATO PRES 05/06/2009