2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000043162

1. Entity Name
USA FLOOR SOLUTION, INC

Principal Place of Business	Mailing Address
3975 VILLAGE DRIVE UNIT B DELRAY BEACH, FL 33445	3975 VILLAGE DRIVE UNIT B DELRAY BEACH, FL 33445

DO NOT WRITE IN THIS SPACE

02212005   No Chg-P   CR2E034 (10/03)

4. FEI Number 03-0515232	Applied For
	Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

FREITES, JORGE
3975 VILLAGE DRIVE
UNIT B
DELRAY BEACH, FL 33445

DO NOT WRITE IN THIS SPACE

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

FILE NOW!!! FEE IS $150.00 **After May 1, 2005 Fee will be $550.00**	**9.** Election Campaign Financing Trust Fund Contribution. ☐	**$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PTD
NAME	FREITES, JORGE
STREET ADDRESS	3975 VILLAGE DRIVE, UNIT B
CITY-ST-ZIP	DELRAY BEACH, FL 33445

TITLE	VSD
NAME	FREITES, HECTOR
STREET ADDRESS	3975 VILLAGE DRIVE, UNIT B
CITY-ST-ZIP	DELRAY BEACH, FL 33445

U00000262350
03/14/05-80050-006 150.00

DO NOT WRITE IN THIS SPACE

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
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: _Jorge Freites_ President 3-7-05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #