

2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P03000049035

Entity Name: DEBT-FREE USA, CORP.

FILED
Jan 14, 2005
Secretary of State

Current Principal Place of Business:

5735 NW 112TH PATH
MIAMI, FL 33178

New Principal Place of Business:

9300 NW 58 ST
212
MIAMI, FL 33178

Current Mailing Address:

5735 NW 112TH PATH
MIAMI, FL 33178

New Mailing Address:

9300 NW 58 ST
212
MIAMI, FL 33178

FEI Number: 04-3756356

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ESPARZA, DAVID S
5735 NW 112TH PATH
MIAMI, FL 33178 US

Name and Address of New Registered Agent:

ESPARZA, DAVID S
9300 NW 58 ST
212
MIAMI, FL 33178 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: DAVID ESPARZA

01/14/2005

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: ESPARZA, DAVID S
Address: 5735 NW 112TH PATH
City-St-Zip: MIAMI, FL 33178

Title: VD () Delete
Name: CHAVEZ, VICTOR A
Address: 5735 NW 112TH PATH
City-St-Zip: MIAMI, FL 33178

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: ESPARZA, DAVID S
Address: 9300 NW 58 ST
City-St-Zip: MIAMI, FL 33178

Title: VD (X) Change () Addition
Name: CHAVEZ, VICTOR A
Address: 9300 NW 58 ST
City-St-Zip: MIAMI, FL 33178

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: DAVID ESPARZA

PD

01/14/2005

Electronic Signature of Signing Officer or Director

Date