


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2004 8:00 am
Secretary of State

04-23-2004 90207 035 ***150.00

DOCUMENT # P03000068777	
1. Entity Name U.S PROFESSIONAL SERVICES INC.	

Principal Place of Business 7225 WEST 11 COURT APT. 209 HIALEAH, FL 33014	Mailing Address 7225 WEST 11 COURT APT. 209 HIALEAH, FL 33014
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54039066



2. Principal Place of Business 701 E 95 street	3. Mailing Address 15476 NW 77 court
Suite, Apt. #, etc.	Suite, Apt. #, etc. # 324

03122004 Chg-P CR2E034 (10/03)

City & State Hialeah FL	City & State Miami Lakes FL
Zip 33010	Zip 33016
Country USA	Country USA

4. FEI Number 20-0051766	Applied For Not Applicable
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6. Name and Address of Current Registered Agent SAN MARTIN, REINALDO 7225 WEST 11 COURT APT. 209 HIALEAH, FL 33014	
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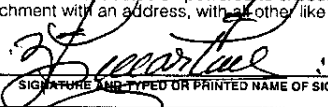
7. Name and Address of New Registered Agent Name Reinaldo San Martin Street Address (P.O. Box Number is Not Acceptable) 15476 NW 77 court # 324 City Miami Lakes FL Zip Code 33016	
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8. The above named entity submits this statement for the purpose of 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  Signature, typed or printed name of individual agent is not applicable.	Reinaldo San Martin 4-14-04 (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SAN MARTIN, REINALDO 7225 WEST 11 COURT APT. 209 HIALEAH, FL 33014 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V SAN MARTIN, MARIA E 7225 WEST 11 COURT APT. 209 HIALEAH, FL 33014 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S RODRIGUEZ, KIRMA 7225 WEST 11 COURT APT. 209 HIALEAH, FL 33014 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P San Martin, Reinaldo <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 15476 NW 77 court #324 Miami Lakes FL 33016
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V San Martin, Maria E <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 15476 NW 77 court #324 Miami Lakes FL 33016
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Rodriguez, Kirma <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 15476 NW 77 court #324 Miami Lakes FL 33016
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 another like empowered.	
SIGNATURE:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Reinaldo San Martin 4-14-04 (305) 305-3107 Date Daytime Phone #