


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 09, 2007 8:00 am
Secretary of State

04-09-2007 90070 008 ***150.00

DOCUMENT # P03000077673					
1. Entity Name FAIR USA CORPORATION					
Principal Place of Business 1866 NW 45 CT TAMARAC, FL 33309			Mailing Address 1866 NW 45 CT TAMARAC, FL 33309		
2. Principal Place of Business - No P.O. Box # TAMARAC, FL 33309		3. Mailing Address 1866 NW 45 CT			
Suite, Apt. #, etc. RESIDENCE		Suite, Apt. #, etc. 1866 NW 45 COURT			
City & State TAMARAC FL		City & State TAMARAC FL			
Zip 33309		Country BROWARD		Zip 33309	
Country BROWARD		4. FEI Number 33-1067129			
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent BEREZ, KAREN 1866 NW 45 CT TAMARAC, FL 33309			7. Name and Address of New Registered Agent Name KAREN BEREZ Street Address (P.O. Box Number is Not Acceptable) 1866 NW 45 CT City TAMARAC FL Zip Code 33309		
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. NO CHANGE SIGNATURE <i>Karen Berez</i> KAREN BEREZ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees Trust Fund Contribution.			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete BEREZ, ENDRE 1866 N.W. 45TH COURT TAMARAC, FL 33309		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"/> Delete		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"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		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 exemptions contained 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 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: <i>Karen Berez</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			APRIL 3, 2007, 954 5876340 <small>Date Daytime Phone #</small>		