

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 26, 2005 8:00 am**  
**Secretary of State**

04-26-2005 90143 021 \*\*\*150.00

<b>DOCUMENT # P03000092269</b> 1. Entity Name <b>BUSINESS GROUP USA, CORP</b>					
Principal Place of Business <b>100 E SAMPLE RD SUITE 320 POMPANO BEACH, FL 33064</b>			Mailing Address <b>100 E. SAMPLE RD SUITE 320 POMPANO BEACH, FL 33064</b>		
2. Principal Place of Business <b>351 S. Cypress Rd</b>		3. Mailing Address <b>351 S. Cypress Rd</b>			
Suite, Apt. #, etc. <b>Ste 307</b>		Suite, Apt. #, etc. <b>Ste 307</b>		04192005    Chg-P    CR2E034 (10/03)	
City & State <b>Pompano Beach FL</b>		City & State <b>Pompano Beach FL</b>		4. FEI Number <b>04-3771593</b>	
Zip <b>33060</b>		Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>MARIELBA LIENDO 100 E SAMPLE RD SUITE 320 POMPANO BEACH, FL 33064</b>			7. Name and Address of New Registered Agent Name <b>Marielba Liendo</b> Street Address (P.O. Box Number is Not Acceptable) <b>351 S. Cypress Rd Ste 307</b> City <b>Pompano Beach FL</b> Zip Code <b>33060</b>		
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: <u><i>[Signature]</i></u> <b>Marielba Liendo - President</b> DATE: <b>04/17/05</b> <small>(Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating))</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P LIENDO, MARIELBA MRS. 100 E SAMPLE RD SUITE 320 POMPANO BEACH, FL 33064	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	P Marielba Liendo 351 S. Cypress Rd Ste 307 Pompano FL 33060
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP LIENDO, MARIELBA MRS. 100 E SAMPLE RD SUITE 320 POMPANO BEACH, FL 33064	<input checked="" 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	T LIENDO, MARIELBA MRS 100 E SAMPLE RD SUITE 320 POMPANO BEACH, FL 33064	<input checked="" 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	S LIENDO, MARIELBA MRS. 100 E SAMPLE RD SUITE 320 POMPANO BEACH, FL 33064	<input checked="" 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	<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	<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 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: <u><i>[Signature]</i></u> DATE: <b>04/17/05</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR    Date    Daytime Phone #</small>					