2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

FILED DOCUMENT # P03000140998 Mar 05, 2007 08:00 AN 1. Entity Name **Secretary of State** HOLD USA, INC. Mailing Address Principal Place of Business 4310 SHERIDAN ST 4310 SHERIDAN ST SUITE 202 SUITE 202 HOLLYWOOD FL 33021 HOLLYWOOD FL 33021 3. Mailing Address 2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/06) 4. FEI Number 57-1193248 Applied For City & State City & State Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name BURTON, ANDRE S Street Address (P.O. Box Number is Not Acceptable) 4310 SHÉRIDAN ST SUITE 202 HOLLYWOOD FL 33021 Zip Code City 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. DATE Signature, typed or printed name of registered agent and title in applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2007 Fee Will Be \$550,00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10, 11. ☐ Change Addition 31115 ☐ Defeie HILE GINSBERG, STUART NAME NAMI U00000654617 1404 NW 159TH AVE SIRLE! ADDITESS SIDEFT ADDRESS 03/13/07-90070-011 150.00 PEMBROKE PINES FL 33028 CITY SI-74P CITY-ST ZIP VD Change Change ☐ Addition ☐ Delele IIILE IEEE HECHT, ARTHUR NAME NAME 4931 JACKSON ST STREET ADDRESS STREET ADDRESS HOLLYWOOD FL 33021 CITY SI ZIP CITY ST ZIP SD ☐ Change ☐ Addition ☐ Delete INIE IHH BURTON, ANDRE S NAME 4310 SMERION ST STREET ADDRESS STREET ADDRESS HOLLYWOOD FL 33021 CITY ST ZIP CITY ST-78P ☐ Addition ☐ Delete HTLE ☐ Change 33313 NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY ST-ZIP Addition Change 11111 Defete MAARE STREET ADORESS STREET ADDRESS CHY-SI-7IP CITY ST ZIP Change Addition ☐ Defete IIIII HHE NAME NAME STREET ADDRESS STREET ADDRESS CHY-SI-ZIP CITY ST ZIP 12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Section 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.

RE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR