


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

<b>DOCUMENT # P03000157443</b>		
1. Entity Name <b>USA MEDIA SOLUTION INC.</b>		
Principal Place of Business <b>3876 SW 112 AVE. #317 MIAMI, FL 33165</b>		Mailing Address <b>3876 SW 112 AVE. #317 MIAMI, FL 33165</b>

**FILED**

05 MAY -9 AM 11:35

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



2. Principal Place of Business		3. Mailing Address		05062005	Chg-P	CR2E034 (10/03)
Suite, Apt. #, etc.		Suite, Apt. #, etc.				
City & State		City & State		4. FEI Number <b>92-0180254</b>	Applied For Not Applicable	
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
<b>GUERRA, CARLOS</b> <b>3876 SW 112 AVE. #317</b> <b>MIAMI, FL 33165</b>		Name <b>David Monterrey</b>	
		Street Address (P.O. Box Number is Not Acceptable)	
		<b>3876 SW 112 AVE. # 317</b>	
		City <b>Miami</b> FL Zip Code <b>33165</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 <i>David Monterrey</i>	DATE <b>05-06-05</b>
(NOTE: Registered Agent signature required when reinstating)	

<b>FILE NOW!!! FEE IS \$150.00</b> <b>Due by September 7, 2005</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>GUERRA, CARLOS</b> <b>3876 SW 112 AVE. #317</b> <b>MIAMI, FL 33165</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>David Monterrey</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>3876 SW 112 AVE. # 317</b> <b>Miami, FL 33165</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>600054684466</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition <b>05/17/05--01062--003 **150.00</b>
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
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

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 I am empowered.	
SIGNATURE: <i>David Monterrey</i>	DATE <b>05-06-05</b>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	