2006 FOR PROFIT CORPORATION REINSTATEMENT

FILED
Oct 31, 2006
Secretary of State

DOCUMENT# P04000001705

Entity Name: WS USA, CORP.

Current Principal Place of Business:

6800 NW 39TH AVE
COCONUT CREEK, FL 33073 US

New Principal Place of Business:

12821 SMITH DALE PL
BOCA RATON, FL 33428 US

Current Mailing Address:

6800 NW 39TH AVE
COCONUT CREEK, FL 33073 US

New Mailing Address:

12821 SMITH DALE PL
BOCA RATON, FL 33428 US

FEI Number: 20-0553595 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SOUZA, WILLIAM P
6800 NW 39TH AVE
COCONUT CREEK, FL 33073 US

Name and Address of New Registered Agent:

SOUZA, WILLIAM P
12821 SMITH DALE PL
BOCA RATON, FL 33428 US

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.

SIGNATURE: WILLIAM P SOUZA 10/31/2006
Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: SOUZA, WILLIAM P
Address: 6800 NW 39TH AVE
City-St-Zip: COCONUT CREEK, FL 33073 US

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: SOUZA, WILLIAM P
Address: 12821 SMITH DALE PL
City-St-Zip: BOCA RATON, FL 33428 US

Title: VPD ( ) Change (X) Addition
Name: LEAL, ALESSANDRO
Address: 9730 B BOCA GARDENS
City-St-Zip: BOCA RATON, FL 33496 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WILLIAM P SOUZA PD 10/31/2006
Electronic Signature of Signing Officer or Director Date