

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000043550

FILED  
Jan 28, 2008  
Secretary of State

Entity Name: USA GUIDES & SEATS CORP.

## Current Principal Place of Business:

11492 NW 69 TERRACE  
MIAMI, FL 33178 US

## New Principal Place of Business:

9445 NW 54 DORAL TERRACE  
MIAMI, FL 33178 US

## Current Mailing Address:

11492 NW 69 TERRACE  
MIAMI, FL 33178 US

## New Mailing Address:

9445 NW 54 DORAL TERRACE  
MIAMI, FL 33178 US

FEI Number: 20-1103988

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

LAZARO, NOEL  
11492 NW 69 TERRACE  
MIAMI, FL 33178 US

## Name and Address of New Registered Agent:

LAZARO, NOEL  
9445 NW 54 DORAL TERRACE  
MIAMI, FL 33178 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:

01/28/2008

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: TD ( ) Delete  
Name: LAZARO, NOEL  
Address: 11492 NW 69 TERRACE  
City-St-Zip: MIAMI, FL 33178 US

Title: VPSD ( ) Delete  
Name: KARBOWSKI, HERNAN  
Address: 11492 NW 69 TERRACE  
City-St-Zip: MIAMI, FL 33178 US

Title: PD ( ) Delete  
Name: RINALDI, CARLOS  
Address: 11492 NW 69 TERRACE  
City-St-Zip: MIAMI, FL 33178 US

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: TD (X) Change ( ) Addition  
Name: LAZARO, NOEL  
Address: 9445 NW 54 DORAL TERRACE  
City-St-Zip: MIAMI, FL 33178 US

Title: VPSD (X) Change ( ) Addition  
Name: KARBOWSKI, HERNAN  
Address: 9445 NW 54 DORAL TERRACE  
City-St-Zip: MIAMI, FL 33178 US

Title: PD (X) Change ( ) Addition  
Name: RINALDI, CARLOS  
Address: 9445 NW 54 DORAL TERRACE  
City-St-Zip: MIAMI, FL 33178 US

I hereby certify that the information supplied with this filing does not qualify 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: NOEL LAZARO

TD

01/28/2008

Electronic Signature of Signing Officer or Director

Date