

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 08, 2005 8:00 am
Secretary of State

07-08-2005 90024 041 ***150.00

DOCUMENT # P04000046489

1. Entity Name
USA LIFESTYLES, INC.



Principal Place of Business
**741 N.W. 57TH PLACE
FORT LAUDERDALE, FL 33309**

Mailing Address
**741 N.W. 57TH PLACE
FORT LAUDERDALE, FL 33309**

50055310



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

06292005

Chg-P

CR2E034 (10/03)

City & State

City & State

4. FEI Number

20-0868955

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**POST, MORTEN C III
741 N.W. 57TH PLACE
FORT LAUDERDALE, FL 33309**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

[Signature]

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
Due by September 7, 2005**

9. Election Campaign Financing
Trust Fund Contribution.

☐

**\$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.

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PVD
POST, MORTEN C III
741 N.W. 57TH PLACE
FORT LAUDERDALE, FL 33309**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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CITY-ST-ZIP

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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:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

954-491-3377

M A ATTACHMENT
PO BOX 771210

57055310

Coral Springs, Fl. 33077-1210
954-346-7288 - Broward 954-346-7217 Fax 305-621-9382 - Dade

07/06/05

Florida Department of State
PO BOX 1500
Tallahassee, Fl. 32302-1500

Re: USA Lifestyles, Inc.
Doc # P04000046489

To Whom It May Concern:

We are enclosing a request for the reinstatement of our client, USA Lifestyles, Inc. and have included the notice the fee was paid, but have not included the penalty due to our client not having received the corporate annual renewal documents because of an incorrect and change of address.

We notified the client the corporate renewal had not occurred and they requested our assistance in the procedures to pay the corporate renewal.

Based upon the failure of our client to receive the renewal form due to an address change, we are therefore formally requesting an acceptance of the renewal form without penalty.

Should you have any questions, please contact my office.

Thank you,
Sincerely,



David Hernandez