2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000051519

Entity Name: A REALTY SOLUTION USA INC.

FILED Jun 22, 2005 Secretary of State

| Current Principal Place of Business: | | | New Principal Place of | New Principal Place of Business: | |
|---|--|-------------------------------------|--|--|--|
| 2713 SW 3 CORAL GA | 7 AVENUE ABLES, FL 33133 | US | 9415 SUNSET DRIVE SUITE 288 MIAMI, FL 33173 US | | |
| Current Mailing Address: | | | New Mailing Address: | New Mailing Address: | |
| 2713 SW 3 CORAL GA | 7 AVENUE ABLES, FL 33133 | US | 9415 SUNSET DRIVE SUITE 288 MIAMI, FL 33173 US | | |
| FEI Number: | 11-3714952 F | El Number Applied For() | FEI Number Not Applicable () | Certificate of Status Desired (X) | |
| Name and Address of Current Registered Agent: | | | Name and Address of N | Name and Address of New Registered Agent: | |
| 14180 SW 209 G MIAMI, FL | named entity sub | mits this statement for the p | ourpose of changing its registered o | office or registered agent, or both, | |
| SIGNATUR | RE: | | | | |
| | Electronic § | Signature of Registered Age | ent | Date | |
| | | (b), F.S., the corporation did nous | ot receive the prior notice. | | |
| OFFICERS AND DIRECTORS: | | | ADDITIONS/CHANGES | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: | |
| Title: Name: Address: City-St-Zip: | P,D () Del RAPIZZA, VITTORIO 14180 SW 84 STRI MIAMI, FL 33183 U | O M EET APT # 209 G | Title: (Name: Address: City-St-Zip: |) Change()Addition | |
| Title: Name: Address: City-St-Zip: | VP () Del CAMACHO, LUIS 5521 NW 112 COU MIAMI, FL 33178 U | RT | Title: (Name: Address: City-St-Zip: |) Change ()Addition | |

I hereby certify that the information supplied with this filing does not qualify for the 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 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: VITTORIO RAPIZZA P,D06/22/2005