2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P04000068142

1. Entity Name
USA FUNDING INVESTMENT, CORP.



FILED Apr 17, 2006 8:00 am Secretary of State

04-17-2006 90362 043 ***150.00

OSAT SABING INVESTMENT, OSTA								
Principal Place of Business 1851 NW 125 AVENUE, SUITE #312 PEMBROKE PINES, FL 33028		Mailing Address 1851 NW 125 AVENUE, SUITE #312 PEMBROKE PINES, FL 33028		Ē	,			
2. Principal Pi	ace of Business	3. Mailing Address						
						######################################	ONLIO NUME FACOLILARI NIMINI	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			01172006	Chg-P	CR2E034 (11/05)	ı
City & State		City & State			4. FEI Number 20-106		- 	pplied For lot Applicable
Zip	Country	Zip .	Country		5. Certificate	of Status Desired	□ \$8.75 Ad Fee Require	
	6. Name and Address of Current	Registered Agent			7. Name and	Address of New Re	egistered Agent	
BONZANO, JUAN CARLOS			Nar	Name				
954 WINDWARD WAY WESTON, FL 33327		Street Add		eet Address (I	ess (P.O. Box Number is Not Acceptable)			
77201011,	7 2 33321							
			City	,			FL Zip Coo	de
	named entity submits this statement for	or the purpose of changing its re	egistered offi	ce or register	ed agent, or bo	th, in the State of Flor	rida. I am familiar with	, and accept
_	ions or registered agent.							
SIGNATURE	Signature tripes arity of registered agent	and title if applicable. (NOTE:	Registered Agent	signature required	when reinstating)		DATE	
	E NOW!!! FEE IS \$150.00 ay 1, 2006 Fee will be \$550.	9. Election Campaig 00 Trust Fund Contrib	_	\$5.	.00 May Be ed to Fees			
10.	OFFICERS AND	DIRECTORS	11.		ADDITIONS	CHANGES TO OFFI	CERS AND DIRECTOR	RS IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD OCHOA, GEORGE 925 BLUEWOOD TERRACE WESTON, FL 33327	☐ Delete	TITLE NAME STREET ADDR CITY+ST-ZIP	$ \omega $	ESTON	HEORGE NE RIDG FL 333	31 /	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BONZANO, JUAN CARLOS 925 BLUEWOOD TERRACE WESTON, FL 33327	☐ Delete	TITLE NAME STREET ADDR	SESS HO	0 NZANO 96_P/	JUAN (LE RIDGE	CANIOS LANE	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TEGTON, TE GOOD	☐ Delete	TITLE NAME STREET ADDR	RESS	<u> </u>	<u>.,. </u>	Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDR CITY-ST-ZIP	1			☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete	TITLE NAME STREET ADDA CITY-ST-ZIP	- 1			☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDR	1	Character of the control of the cont		Change	Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: