## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED May 03, 2007 08:00 A Secretary of State

DOCUMENT # P0400072115  1. Entity Name USA INTERNATIONAL 786, INC.				Secretary of Sta		
Principal Place 126240LDCA ORLANDO, FL	ASTLE DR	lailing Address 126240LDCASTLE DR ORLANDO, FL 32837				
# ,						
				03272007 No	Chg-P CR2E	034 (11/05)
D	O NOT WRITE I	N THIS SPA	CE	4. FEI Number 42-1629147		Applied For Not Applicable
				5. Certificate of Statu	s Desired	\$8.75 Additional Fee Required
ORLANDO  8. The above	DCASTLE DR D, FL 32837  named entity submits this statement for the ions of registered agent.	purpose of changing its registe	ored office or registe	IN THI	S SPACE	
SIGNATURE_	Signature, typed or printed name of registered agent and title	a if applicable (NOTE Registe	red Agent signature require	ed when reinstating)	DATE	
	E NOWIII FEE IS \$150.00 ay 1, 2007 Fee will be \$550.00	9. Election Campaign Fina Trust Fund Contribution		5.00 May Be ded to Fees		
10.	OFFICERS AND DIRE	CTORS			College of the	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BHATTI, MOHAMMAD A 12624 OLDCASTLE DR ORLANDO, FL 32837				U000007\$ 05/23/07-80	
NAME STREET ADDRESS CITY-ST-ZIP	BHATTI, MISBAH 12624 OLDCASTLE DR ORLANDO, FL 32837	· · · · · · · · · · · · · · · · · · ·				
TITLE	] .					

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filling 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: \_\_\_\_\_\_

STREET ADDRESS CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

NAME STREET ADDRESS

> M. Agit Boa H' SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/10/07

(407) 426.8393

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