

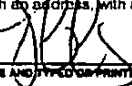


FILED
Sep 06, 2005 8:00 am
Secretary of State

07-18-2005 90046 037 ***150.00

2005 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P04000079025			
1. Entity Name USE-A-CELL INT., INC.			
Principal Place of Business 400 ALTON RD #311 MIAMI BEACH, FL 33139-6720		Mailing Address 400 ALTON RD #311 MIAMI BEACH, FL 33139-6720	
2. Principal Place of Business 1549 NE 123 ST Suite, Apt. #, etc.		3. Mailing Address 1549 NE 123 ST Suite, Apt. #, etc.	
City & State N. MIAMI FL		City & State N. MIAMI FL	
Zip 33161 Country USA		Zip 33161 Country USA	
4. FEI Number		<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent GUERRA, SALVADOR 400 ALTON RD #311 MIAMI BEACH, FL 33139-6720		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 1549 NE 123 ST City N. MIAMI FL Zip Code 33161	
8. The above named entry 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  (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. <input type="checkbox"/> \$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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	P GUERRA, SALVADOR R 400 ALTON RD #311 MIAMI BEACH, FL 331396720 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	1549 NE 123 RD ST N. MIAMI FL 33161 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: 		Date Daytime Phone #	

66026915



07152005 Chg-P CR2E034 (10/03)

ATTACHMENT

16026915

July 13, 2005

Uniform Business Report
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

DOC. P04000079025

NEW ADDRESS: 1549 NE 123RD ST
N. MIAMI FL 33161

To Whom It May Concern:

This letter is in regards to the corporation annual report for the year 2005, according to our records we never received an annual report for our corporation. We are filled out blank report to your department because we never received the original report. Please accept our apologies and accept this 150.00 filing fee. We never meant to send the report late, if we would have received the report, we would have sent it on time. We apologize any inconvenience this may have caused.

If you have any questions please feel free to contact me at (305) 541-3980.

Sincerely,

PRESIDENT