## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P04000083302

Title:

Name:

Address:

City-St-Zip:

Entity Name: USA LUXURY SEDANS, CORP

FILED Apr 28, 2008 Secretary of State

That years of the second of th					
Current Principal Place of Business:			New Principal Place of Business:		
SUITE 109	84 STREET AMI BEACH, I	FL 33162			
Current Mailing Address:			New Mailing Address:		
1799 NE 16 SUITE 109 NORTH MI	64 STREET AMI BEACH, I	FL 33162			
FEI Number:	06-1727854	FEI Number Applied For ( )	FEI Number Not Applicable ( )	Certificate of Status Desired ( )	
Name and Address of Current Registered Agent:			Name and Address of New Registered Agent:		
1799 NE 16 SUITE 109		FL 33162 US			
The above in the State		submits this statement for the pu	urpose of changing its registered	d office or registered agent, or both,	
SIGNATUR	RE:				
Electronic Signature of Registered Agent			nt	Date	
Election Carr	npaign Financing	g Trust Fund Contribution ( ).			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	JEAN-PIERRE, 1799 NE 164 S	Delete ANSON TREET, SUITE 109 BEACH, FL 33162	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	JEAN-PIERRE, 1799 NE 164 S	Delete NATHALIE TREET, SUITE 109 BEACH, FL 33162	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	LOUIS, AUDIN 1799 NE 164 S	Delete R TREET, SUITE 109 BEACH, FL 33162	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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.

Title:

Name:

Address:

City-St-Zip:

SIGNATURE: ANSON JEAN-PIERRE P 04/28/2008

( ) Delete

LOUIS, HAROLD

14867 SW 40 CT

MIRAMAR, FL 33127

(X) Change ( ) Addition

JEAN-PIERRE, NATHALIE

MIAMI, FL 33162

1799 NE 164 STREET, SUITE 110