


2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 09, 2006 8:00 am
Secretary of State

05-09-2006 90068 026 ***150.00

DOCUMENT # P04000142467	
1. Entity Name USA COLLECTION SERVICES INC.	

Principal Place of Business 15715 S. DIXIE HWY 223 MIAMI FL 33157	Mailing Address 15715 S. DIXIE HWY 223 MIAMI FL 33157
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2. Principal Place of Business 15715 S. Dixie Hwy Suite, Apt. #, etc. Suite #232		3. Mailing Address Suite, Apt. #, etc.	
City & State Miami		City & State	
Zip FL	Country	Zip 33157	Country

1st MOORE CR2E034 (10/05)

4. FEI Number 20-1758206		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 CASTELLANOS, BARBARA 11800 SW 18TH ST., APT. 321 322 MIAMI FL 33175		7. Name and Address of New Registered Agent Name 15715 S. Dixie Hwy #232 Street Address (P.O. Box Number is Not Acceptable) Miami, FL 33157 City FL Zip Code	

8. The above named entity 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 B. Castellano
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee Will Be \$550.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CASTELLANOS, BARBARA 15715 S. DIXIE HWY. #223 MIAMI FL 33157 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	BARBARA Castellano <input type="checkbox"/> Change <input type="checkbox"/> Addition 15715 S. Dixie Hwy #232 Miami, FL 33157
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD CASTELLANOS, ALEXANDER 15715 S. DIXIE HWY SUITE #223 MIAMI FL 33175 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Alexander Castellano <input type="checkbox"/> Change <input type="checkbox"/> Addition 15715 S. Dixie Hwy #232 Miami, FL 33157
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
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

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: B. Castellano 305-234-0085
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #