2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 07, 2006 8:00 am
Secretary of State
09-07-2006 90031 001 ***150.00
09-07-2006 90031 002 *****8.75

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1. Entity Name
U.S.A. SOLUTIONS CORP.

Principal Place of Business	Mailing Address
4146 S.W 158 AVE. #35 MIRAMAR, FL 33027	4146 S.W. 158 AVE. #35 MIRAMAR, FL 33027

06062006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-1234695
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☑ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

MORGANTI, ITALO A
4146 S.W. 158 AVE.
#35
MIRAMAR, FL 33027

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
Due by September 6, 2006

9. Election Campaign Financing Trust Fund Contribution. ☐ **$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

TITLE	D
NAME	MORGANTI, TALO A
STREET ADDRESS	4146 S.W. 158 AVE. #35
CITY-ST-ZIP	MIRAMAR, FL 33027
TITLE	D
NAME	RODRIGUEZ, EDGAR G
STREET ADDRESS	1247 FAIRLAKE TRACE #1116
CITY-ST-ZIP	WESTON, FL 33326
TITLE	D
NAME	HERNANDEZ, JOSE L
STREET ADDRESS	4146 S.W. 158 AVE. #35
CITY-ST-ZIP	MIRAMAR, FL 33027
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: Alfredo Morgan 8-1-06 954-865 1269
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #