

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000162911

Entity Name: US GESSA, CORP.

FILED  
Feb 13, 2007  
Secretary of State

## Current Principal Place of Business:

4801 S. UNIVERSITY DR., STE. NO 263  
DAVIE, FL 33328

## New Principal Place of Business:

10454 WEST MAC NAB RD  
TAMARAC, FL 33321

## Current Mailing Address:

4801 S. UNIVERSITY DR., STE. NO 263  
DAVIE, FL 33328

## New Mailing Address:

10454 WEST MAC NAB RD  
TAMARAC, FL 33321

FEI Number: 84-1661887

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

ESCOBAR, HECTOR J  
4801 S. UNIVERSITY DR., STE. NO 263  
DAVIE, FL 33328 US

## Name and Address of New Registered Agent:

ESCOBAR, HECTOR J  
10454 WEST MAC NAB RD  
TAMARAC, FL 33321 US

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.

SIGNATURE: HECTOR ESCOBAR

02/13/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PS ( ) Delete  
Name: ESCOBAR, HECTOR J  
Address: 4801 S. UNIVERSITY DR., STE. NO 263  
City-St-Zip: DAVIE, FL 33328

Title: V ( ) Delete  
Name: ROLDAN, BONNIE  
Address: 4801 S. UNIVERSITY DR., STE. NO 263  
City-St-Zip: DAVIE, FL 33328

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PS (X) Change ( ) Addition  
Name: ESCOBAR, HECTOR J  
Address: 10454 WEST MAC NAB RD  
City-St-Zip: TAMARAC, FL 33321

Title: VP (X) Change ( ) Addition  
Name: ROLDAN, BONNIE  
Address: 10454 WEST MAC NAB RD  
City-St-Zip: TAMARAC, FL 33321

Title: T ( ) Change (X) Addition  
Name: ESCOBAR, SEBASTIAN  
Address: 10454 WEST MAC NAB RD  
City-St-Zip: TAMARAC, FL 33321

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

SIGNATURE: HECTOR ESCOBAR

P

02/13/2007

Electronic Signature of Signing Officer or Director

Date