2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P05000038603

1. Entity Name

U.S.A. IMPORTERS AND EXPORTERS INC



Principal Place of Business

99 NW 183 RD STREET SUITE 108 MIAMI, FL 33169

Mailing Address

99 NW 183 RD STREET SUITE 108 MIAMI, FL 33169 FILED Jan 24, 2007 08:00 AM Secretary of State



DO NOT WRITE IN THIS SPACE

01052007 No Chg-P CR2E034 (11/05)

4. FEI Number 37-1506328

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

JUMBO, MACDONALD 99 NW 183 RD STREET SUITE 108 MIAMI, FL 33169

DO NOT WRITE IN THIS SPACE

| | | 1 | | | | | |
|---|---|---|----------------|------------------------------|------------------|--|--|
| 8. The above the obligat | named entity submits this statement for the pions of registered agent. | ourpose of changing its registered | d office or r | egistered agent, or bo | oth, in the Star | e of Florida. I am familiar with, and accept | |
| SIGNATURE. | | | | | \ | | |
| | Signature, typed or printed name of registered agent and title it | f applicable. (NOTE: Registered | Agent signatun | required when reinstating) | } | DATE | |
| FILE NOW!!! FER IS \$150.00 After May 1, 2007 Fee will be \$550.00 | | 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees | | | | | |
| 10. | OFFICERS AND DIREC | TORS | | | <u> </u> | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P JUMBO, MACDONALD 99 NW 183 RD STREET SUITE 108 MIAMI, FL 33169 | | | | | | |
| TITLE NAME STREET ADDRESS GITY-ST-ZIP | V DUMBUYA, SALIU 99 NW 183 RD STREET SUITE 108 MIAMI, FL 33169 | | | 31, 23, 31, 33321 313 133113 | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D NJIE, SAJUKA 99 NW 183 RD STREET SUITE 108 MIAMI, FL 33169 | | | DO | WRITE | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D DUMBUYA, FATMATA 99 NW 183 RD STREET SUITE 108 MIAMI, FL 33169 | | | IN THIS SPACE | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | | | | | |

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 supplier entair 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 of 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:

TURE AND TYPES OF PARTED NAME OF BIGHING OFFICER OR DIRECTOR

1/22/07

(305)652-2098

Daytime Phone #