


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 13, 2008 08:00 AM
Secretary of State

DOCUMENT # P05000038603 1. Entity Name U.S.A. IMPORTERS AND EXPORTERS INC	
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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
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DO NOT WRITE IN THIS SPACE



03062008 No Chg-P CR2E034 (11/05)

4. FEI Number 37-1506328	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$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

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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>	DATE _____
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FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U000000857021 03/28/08-80035-015 158.75
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P JUMBO, MACDONALD 99 NW 183 RD STREET SUITE 108 MIAMI, FL 33169
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V DUMBUYA, SALIU 99 NW 183 RD STREET SUITE 108 MIAMI, FL 33169
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NJIE, SAJUKA 99 NW 183 RD STREET SUITE 108 MIAMI, FL 33169
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DUMBUYA, FATMATA 99 NW 183 RD STREET SUITE 108 MIAMI, FL 33169
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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	3/8/08 (305) 652-2098 <small>Date Daytime Phone #</small>
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