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FILED
Jun 23, 2006 8:00 am
Secretary of State
05-03-2006 90200 009 ***150.00

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P05000052118

1. Entity Name
U.S. WORLD MOTORS, INC

66020542

Principal Place of Business	Mailing Address
17351 SW 290 STREET HOMESTEAD, FL 33030	17351 SW 290 STREET HOMESTEAD, FL 33030
2. Principal Place of Business	3. Mailing Address
Suite, Apt #, etc.	Suite, Apt #, etc.
City & State	City & State
Zip / Country	Zip / Country

04042006 Chg-P CR2E034 (11/05)

4. FEI Number 20-2648728 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ZAJAC, ALEJANDRO
3750 WEST FLAGLER ST.
MIAMI, FL 33134

7. Name and Address of New Registered Agent

Name: EDWIN LEIVA
Street Address (P.O. Box Number is Not Acceptable): 17351 SW 290 ST
City: Homestead FL Zip Code: 33030

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: X [signature] 04/04/06
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

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D CRUZ, ARGELIO 17351 SW 290 STREET HOMESTEAD, FL 33030	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D LEIVA, EDWIN 17351 SW 290 STREET HOMESTEAD, FL 33030	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Zunilda, Cruz 17351 Sw 290 street Homestead, FL 33030	☐ Change ☒ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

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: X [signature] 04/04/06
Signature with typed or printed name of signing officer or director Date Daytime Phone #