


2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P05000093361 1. Entity Name U S BUILDERS GROUP, CO.	
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FILED

07 MAY 16 PM 12:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business 10300 SUNSET DR #140 MIAMI, FL 33173	Mailing Address PO BOX 160785 MIAMI, FL 33116
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2. Principal Place of Business - No P.O. Box # 1375 NW 97 AVE	3. Mailing Address 1375 NW 97 AVE
Suite, Apt. #, etc. #13	Suite, Apt. #, etc. #13

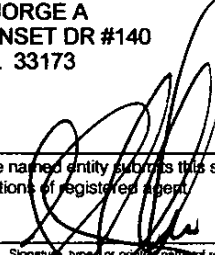
05152007 Chg-P CR2E034 (12/06)

City & State Doral, FL	City & State Doral, FL
Zip 33172	Zip 33172

4. FEI Number 76-0795912	Applied For <input type="checkbox"/> Not Applicable
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6. Name and Address of Current Registered Agent OTERO, JORGE A 10300 SUNSET DR #140 MIAMI, FL 33173	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 1375 NW 97 AVE #13 City Doral State FL Zip Code 33172
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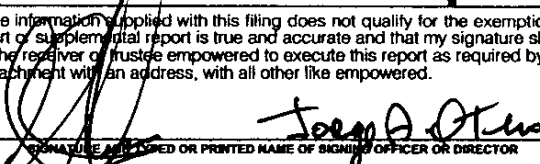
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE:  (NOTE: Registered Agent signature required when reinstating) DATE: _____

FILE NOW!!! FEE IS \$150.00 Due by September 14, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD OTERO, JORGE A 10300 SUNSET DR #140 MIAMI, FL 33173	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1375 NW 97 AVE #13 Doral, FL 33172
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPTD GALVEZ, ANTONIO 10300 SUNSET DR. MIAMI, FL 33173	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 800103197988 05/24/07--01028--008 **150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition K. Eckel MAY 16 2007

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:  Date: **5/15/07** Daytime Phone #: _____