


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2006 8:00 am
Secretary of State

04-14-2006 90141 013 ***150.00

DOCUMENT # P0500011431

1. Entity Name
USA SPECIAL SERVICES, INC.



Principal Place of Business Mailing Address
718 SUNNY PINE WAY, SUITE B-1 **718 SUNNY PINE WAY, SUITE B-1**
GREENACRES, FL 33145 **GREENACRES, FL 33145**

2. Principal Place of Business 3. Mailing Address
2393 S. CONGRESS AVE. **2393 SO. CONGRESS AVE.**
 Suite, Apt. #, etc. Suite, Apt. #, etc.
200 **200**

City & State City & State
West Palm Beach, FL. **West Palm Beach, FL.**

Zip Country Zip Country
33406 **USA.** **33406** **USA**

40040127



03022006 Chg-P CR2E034 (11/05)

6. Name and Address of Current Registered Agent
MARTINEZ I, HECTOR R
718 SUNNY PINE WAY, SUITE B-1
GREENACRES, FL 33145

4. FEI Number Applied For
20-3293454 Not Applicable

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

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT MARTINEZ I, HECTOR R 718 SUNNY PINE WAY, SUITE B-1 GREENACRES, FL 33145 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS LUGO, MILAGROS J 718 SUNNY PINE WAY, SUITE B-1 GREENACRES, FL 33145 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 <input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PH MARTINEZ I, HECTOR R 706 SUNNY PINE WAY APT. A-1 GREENACRES, FL. 33415 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS LUGO, MILAGROS J. 706 SUNNY PINE WAY APT. A-1 GREENACRES, FL. 33415 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 <input type="checkbox"/> Change <input type="checkbox"/> Addition
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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"/> Change <input type="checkbox"/> 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: [Signature] Date: 4/14/06 Daytime Phone #: (361) 253-1079