


**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 27, 2007 08:00 AM**  
**Secretary of State**

DOCUMENT # P05000111431 1. Entity Name USA SPECIAL SERVICES, INC.	
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Principal Place of Business 2393 S CONGRESS AVE # 200 WEST PALM BEACH, FL 33406	Mailing Address 2393 S CONGRESS AVE # 200 WEST PALM BEACH, FL 33406
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**DO NOT WRITE IN THIS SPACE**

04052007 No Chg-P CR2E034 (11/05)

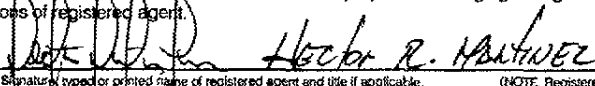
4. FEI Number 20-3293454	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MARTINEZ I, HECTOR R  
718 SUNNY PINE WAY, SUITE B-1  
GREENACRES, FL 33145

**DO NOT WRITE  
IN THIS SPACE**

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  HECTOR R. MARTINEZ DATE 4-25-07

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, 2007 Fee will be \$550.00**

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

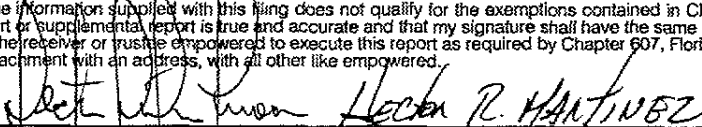
10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT MARTINEZ I, HECTOR R 706 SUNNY PINERWAY, APT A-1 GREENACRES, FL 33415
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS LUGO, MILAGROS J 706 SUNNY PINE WAY, APT A-1 GREENACRES, FL 33415
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

UNIND00736020  
05/10/07-80058-018 150.00

**DO NOT WRITE  
IN THIS SPACE**

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:  HECTOR R. MARTINEZ 4-25-07 (561) 253-1073

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #