

2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P05000126190

Entity Name: BTM USA, CORP.

FILED
Oct 11, 2006
Secretary of State

Current Principal Place of Business:

12955 BISCAYNE BLVD
SUITE 202
NORTH MIAMI, FL 33181

New Principal Place of Business:

Current Mailing Address:

12955 BISCAYNE BLVD
SUITE 202
NORTH MIAMI, FL 33181

New Mailing Address:

FEI Number: FEI Number Applied For (X) FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

POMERANZ, MARK L
12955 BISCAYNE BLVD
SUITE 202
NORTH MIAMI, FL 33181 US

Name and Address of New Registered Agent:

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.

SIGNATURE: MARK L. POMERANZ

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P () Change (X) Addition
Name: PERCY, ARTHUR
Address: 12955 BISCAYNE BOULEVARD, #202
City-St-Zip: NORTH MIAMI, FL 33181

Title: CO-P () Change (X) Addition
Name: POMERANZ, MARK L
Address: 12955 BISCAYNE BOULEVARD, #202
City-St-Zip: NORTH MIAMI, FL 33181 US

Title: T/D () Change (X) Addition
Name: HANGER, GARY
Address: 12955 BISCAYNE BOULEVARD, #202
City-St-Zip: NORTH MIAMI, FL 33181

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARK L. POMERANZ

Electronic Signature of Signing Officer or Director

CO-P

10/11/2006

Date