


2008 FOR PROFIT CORPORATION ANNUAL REPORT

SA

DOCUMENT # P05000136865		
1. Entity Name AMERICAN USA MORTGAGE, PA.		

Principal Place of Business 9300 NW 25 ST #202 DORAL, FL 33-1728	Mailing Address 9300 NW 25 ST #202 DORAL, FL 33-1728
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

FILED
08 APR -2 PM 1:56
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



04012008 Chg-P CR2E034 (12/06)

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
DIAZ, OSVALDO J 7951 SW 40TH STREET SUITE 206 MIAMI, FL 33155		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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVST GOMEZ, IVONNE <input type="checkbox"/> Delete 9300 NW 25 ST STE 202 DORAL, FL 33172	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/S Hilda D. Rodriguez 80% <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 9300 NW 25 ST. Ste: 202 Doral, FL 33172
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GOMEZ, IVONNE <input type="checkbox"/> Delete 9300 NW 25 ST STE 202 DORAL, FL 33172	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Ivonne Gomez 20% <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 9300 NW 25 ST. Ste: 202 Doral, FL 33172
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

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