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Jun 09, 2006 8:00 am
Secretary of State
05-01-2006 90437 018 ***150.00

2006 FOR PROFIT CORPORATION ANNUAL REPORT

5/1/

66018273

DOCUMENT # P05000137372

1. Entity Name
BS USA INC

Principal Place of Business	Mailing Address
10135 GATE PARKWAY NORTH 1901 JACKSONVILLE, FL 32246 US	10135 GATE PARKWAY NORTH 1901 JACKSONVILLE, FL 32246 US

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

03072006 Chg-P CR2E034 (11/05)

4. FEI Number 20-3586824 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required.

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
GUIMARAES, ODILON 10135 GATE PARKWAY NORTH 1901 JACKSONVILLE, FL 32246	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, the position(s) set forth.

SIGNATURE: *Odilon Guimaraes Odilon Guimaraes
(Type, print or stamp name of registered agent and title if applicable.) (NOTE: Registered Agent signature required when reinstating.) DATE

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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P GUIMARAES, ODILON 10135 GATE PARKWAY NORTH AP 1901 JACKSONVILLE, FL 32246 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP GUIMARAES, EUANA 10135 GATE PARKWAY NORTH AP 1901 JACKSONVILLE, FL 32246 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D GUIMARAES, MAISA 10135 GATE PARKWAY NORTH AP 1901 JACKSONVILLE, FL 32246 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D PEREIRA, DIOGO 10135 GATE PARKWAY NORTH AP 1901 JACKSONVILLE, FL 32246 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ 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: *Odilon Guimaraes Odilon Guimaraes
(SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL) Date