2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P06000101961

Entity Name: UNIVERSAL SOLUTIONS USA, INC.

FILED Feb 24, 2009 Secretary of State

| Current Principal Place of Business: | New Principal Place of Business: |
|--------------------------------------|----------------------------------|
|--------------------------------------|----------------------------------|

13008 S.W. 54TH COURT MIRAMAR, FL 33027

Current Mailing Address: New Mailing Address:

13008 S.W. 54TH COURT MIRAMAR, FL 33027

FEI Number: 20-5445038 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

COLOMINAS, MIJAIL 13008 S.W. 54TH COURT MIRAMAR, FL 33027 US

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: MIJAIL COLOMINAS

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:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P () Delete Title: P (X) Change () Addition

 Name:
 COLOMINAS, MIJAIL
 Name:
 LESCANO, HERNAN

 Address:
 13008 S.W 54TH COURT
 Address:
 16900 N BAY ROAD, APT 815

 City-St-Zip:
 MIRAMAR, FL 33027
 City-St-Zip:
 SUNNY ISLES, FL 33160

Title: VPT (X) Delete Title: () Change () Addition

 Name:
 COLOMINAS, DIANA
 Name:

 Address:
 13008 S.W. 54TH COURT
 Address:

 City-St-Zip:
 MIRAMAR, FL 33027
 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: HERNAN LESCANO P 02/24/2009