FILED Mar 12, 2007 8:00 am Secretary of State

ANNUAL REPORT								
JMENT # P06000142939								

ANNUAL REPURT					Secretary or State					
1. Entity Nam	n e	# P06000142 E USA, INC.	939				03-12-2007		49 ***1 <i>5</i>	0.00
Principal Plac	e of Busines	is.	Mailing Address			1	4003378	კ		
3557 NW 53			3557 NW 53RD COURT	r			•••			
FORT LAUDE		33300	FORT LAUDERDALE, FL		3					
TORT LAUDE	NUALL, I L	33303	TORT LAUDERDALL, IT	. 3330:	,	1 10011051 11	ADRIE EINN ACHIL EANN ADA	EL 11811 81818 (181	O LUGBO MAIA ADI	ITM IEMPI
Principal Place of Business - No P.O. Box # Mailing Address										
Suite, Apt.	#, etc.		Suite, Apt. #, etc.			02132007	Chg-P	CR2E03	4 (12/06)	
City & Stat	e		City & State		•	4. FEI Number 20 - 6	823750		<u> </u>	plied For t Applicable
Zìp		Country	Zip	Cour	ntry		of Status Desired		8.75 Add	itional
	6 Name	! e and Address of Current	Pecistered Agent	<u></u>	1	7 Name and	Address of New R			
	o. Ivaliie	s and Address of Current	Kodistelen väsitt		Name	r. Name and	Addiess of New K	agistal au A	Aeur	
CARPINIE	IIO ERA	VNK.								
3557 NW	CARPINIELLO, FRANK 3557 NW 53RD COURT FORT LAUDERDALE, FL 33309			Street Address (P.O. Box Number is Not Acceptable)						
					City			-	Zip Code	•
								FL		
	named entil tions of regis		r the purpose of changing its	register	ed office or registe	red agent, or bo	th, in the State of Flo	rida. I am fa	ımiliar with,	and accept
SIGNATURE.		 								
	Signature, typed	d or printed name of registered agent a	and title if applicable. (NOT	E: Registere	ed Agent signature required	d when reinstating)		DATE		
		FEE IS \$150.00 7 Fee will be \$550.0	9. Election Campa Trust Fund Con	-		.00 May Be ded to Fees				
10.		OFFICERS AND	DIRECTORS	11.	•	ADDITIONS	CHANGES TO OFF	CERS AND	DIRECTORS	S IN 11
TITLE	D .	002070	☐ Delete	TITL	. 1	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	01020 10 0.11		☐ Change	Addition
NAME	,	ELLO, FRANK	C Ociate	NAM	_				☐ Change	LJ Addition
STREET ADDRESS		53RD COURT			EET ADORESS					
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				TITL	-				☐ Change	C Addition
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NAME			_ 50,00	NAM	l l					
STREET ADDRESS					EET ADDRESS					
CITY-ST-ZIP				CITY	r-ST-ZIP					
12. I hereby certify that the information supplied with this filipe 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 reported 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.										DIOCK 11 II
SIGNATURE: 2/26/07										
SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Date Design Priore #										
		appearance and a tree UR P	or				L-GHT	UE	parter FTEAPPER	