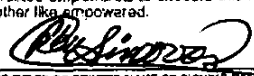


FILED
May 16, 2008 8:00 am
Secretary of State

05-16-2008 90022 025 ***150.00

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P07000024236		
1. Entity Name BEAUTIFUL HOME U.S.A. CORP.		
DO NOT WRITE IN THIS SPACE		
2. Principal Place of Business 5535 NW 24th CT Suite, Apt. #, etc.		3. Mailing Address 5535 NW 24th CT Suite, Apt. #, etc.
City & State MIAMI, FLORIDA Zip 33142 Country USA		City & State MIAMI, FLORIDA Zip 33142 Country USA
4. FEI Number 20-8526042		Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required		
7. Name and Address of Current Registered Agent		
Name ANGEL SERRANO		
Street Address (P.O. Box Number is Not Acceptable) 5535 NW 24th CT		
City MIAMI FL Zip Code 33142		
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 _____ (Signature, typed or printed name of registered agent and use if applicable. (NOTE: Registered Agent signature required when re-appointing)) DATE _____		
9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P SERRANO, ANGEL 5535 NW 24th CT MIAMI, FL 33142	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V/P REY, MARIA C. 5535 NW 24th CT MIAMI, FL 33142	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 on an attachment with an address, with all other like empowered.		
SIGNATURE: _____ 		04/21/08 305/634/9326
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #

40103326

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CR2E0348 (12/02)