## 2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

## DOCUMENT# P07000058235

Entity Name: USA SMART INC

FILED Apr 08, 2009 Secretary of State

| Current Principal Place of Business:          |  |                               |   | New Principal Place of Business:          |               |                          |  |
|---|--|-------------------------------|---|---|---------------|--------------------------|--|
|   | DON BLVD SU<br>AYNE, FL 3314                           |                               |   | OAKLAND PARK I<br>LAUDERDALE, I           |               | US                       |  |
| Current Mailing Address:                      |  |                               |   | New Mailing Address:                      |               |                          |  |
|   | DON BLVD SU<br>AYNE, FL 3314                           |                               |   | OAKLAND PARK I<br>LAUDERDALE, I           |               | US                       |  |
| FEI Number:                                   | : 20-0186833   | 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: |               |                          |  |
| 201 CRAN                                      | GLORIA P<br>IDON BLVD SU<br>AYNE, FL 3314              |                               |   |   |               |                          |  |
|   | named entity s<br>e of Florida.                        | ubmits this statement for the | purpose of chang                        | ing its registered                        | office or req | gistered agent, or both, |  |
| SIGNATUR                                      | RE:  |                               |   |   |               |                          |  |
|   | Electron   | ic Signature of Registered A  | gent                                    |   | D             | ate                      |  |
| OFFICERS                                      | S AND DIRECT   | rors:                         | ADDIT                                   | FIONS/CHANGE:                             | S TO OFFIC    | CERS AND DIRECTORS:      |  |
| Title:<br>Name:<br>Address:<br>City-St-Zip:   | PVS ()<br>MARTINS, GLOI<br>201 CRANDON<br>KEY BISCAYNE | BLVD APT 102                  | Title:<br>Name:<br>Address<br>City-St-2 | <b>3</b> :                                | ) Change(     | ) Addition               |  |

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: MP S 04/08/2009