## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P07000097768

Entity Name: U.S.A. CAPITAL MANAGEMENT GROUP, INC.

FILED Jan 14, 2009 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:
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9116 BYRON AVENUE 1560 CALAIS DRIVE SURFSIDE, FL 33154 US MIAMI, FL 33141 US

Current Mailing Address: New Mailing Address:

9116 BYRON AVENUE 1560 CALAIS DRIVE SURFSIDE, FL 33154 US MIAMI, FL 33141 US

FEI Number: 26-1195560 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:

HOFFMAN, MICHAEL H
9116 BYRON AVENUE
SURFSIDE, FL 33154 US
HOFFMAN, MICHAEL H
1560 CALAIS DRIVE
MIAMI, FL 33141 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: MICHAEL H HOFFMAN 01/14/2009

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

PAPIRI, ROBERT

CUPERTINO, CA 95015 US

P.O. BOX 433

Name:

Address: City-St-Zip: ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Delete Title: (X) Change ( ) Addition HOFFMAN, MICHAEL H HOFFMAN, MICHAEL H Name: Name: 1560 CALAIS DRIVE 9116 BYRON AVENUE Address: Address: City-St-Zip: SURFSIDE, FL 33154 US City-St-Zip: MIAMI, FL 33141 US

Name: GARCIA, PAUL Name: GARCIA, PAUL

Address: 18101 VON KARMAN AVENUE, SUITE 330 Address: 18101 VON KARMAN AVENUE, SUITE 330

City-St-Zip: IRVINE, CA 92612 US City-St-Zip: IRVINE, CA 92612 US

Title: D ( ) Delete Title: ( ) Change ( ) Addition

Name: Address: 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: MICHAEL H HOFFMAN D 01/14/2009