

FILED
May 04, 2005 08:00 AM
Secretary of State

DOCUMENT # P93000086507

1. Entity Name

PHIL-USA TRANSFER INT'L, INC.

Principal Place of Business

4515 W. HANNA AVE
#B
TAMPA FL 33614
US

Mailing Address

4515 W. HANNA AVE.
#B
TAMPA FL 33614
US

2. Principal Place of Business

Suite, Apt. #, etc

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc

City & State

Zip

Country

6. Name and Address of Current Registered Agent

BILBAO, EDGARDO A
4515 W. HANNA AVE.
TAMPA FL 33614

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

4. FEI Number

59-3217077

Applied For

Not Applicable

5. Certificate of Status Desired

1st MOORE

CR2E034 (10/04)

8.75 Additional Fee Required

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 title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE

D

NAME

BILBAO, EDGARDO A

STREET ADDRESS

4515 W. HANNA AVE.

CITY- ST- ZIP

TAMPA FL 33614

Delete

TITLE

D

NAME

KENYON, LEE

STREET ADDRESS

11211 THICKET COURT

CITY- ST- ZIP

TAMPA FL 33624

Delete

TITLE

NAME

STREET ADDRESS

CITY- ST- ZIP

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Change

Addition

U00000362043
05/05/05-80100-017 158.75

TITLE

NAME

STREET ADDRESS

CITY- ST- ZIP

Change

Addition

TITLE

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CITY- ST- ZIP

Change

Addition

TITLE

NAME

STREET ADDRESS

CITY- ST- ZIP

Change

Addition

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

4/27/05