

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000000246

FILED
Mar 10, 2004
Secretary of State

Entity Name: U.S. PENSION TRUST CORPORATION

Current Principal Place of Business:

999 PONCE DE LEON
SUITE 1040
CORAL GABLES, FL 33134 US

New Principal Place of Business:

Current Mailing Address:

999 PONCE DE LEON
SUITE 1040
CORAL GABLES, FL 33134 US

New Mailing Address:

FEI Number: 65-0657282 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BERMUDEZ & TOME
8300 N.W. 53RD ST., SUITE 300
MIAMI, FL 33166 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: MACEIRAS, LEONARDO
Address: 999 PONCE DE LEON BLVD<#1040
City-St-Zip: CORAL GABLES, FL 33134

Title: D () Delete
Name: MACEIRAS, ILIANA
Address: 999 PONCE DE LEON BLVD #1040
City-St-Zip: CORAL GABLES, FL 33134

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: ILIANA MACEIRAS

PRES

03/10/2004

Electronic Signature of Signing Officer or Director

_____ Date