

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000000246

FILED  
Mar 06, 2007  
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:

701 WATERFORD WAY  
SUITE 300  
MIAMI, FL 33126 US

## Current Mailing Address:

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

## New Mailing Address:

701 WATERFORD WAY  
SUITE 300  
MIAMI, FL 33126 US

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: D (X) Change ( ) Addition  
Name: MACEIRAS, LEONARDO  
Address: 701 WATERFORD WAY SUITE 300  
City-St-Zip: MIAMI, FL 33126

Title: D (X) Change ( ) Addition  
Name: MACEIRAS, ILIANA  
Address: 701 WATERFORD WAY SUITE 300  
City-St-Zip: MIAMI, FL 33126

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

D

03/06/2007

Electronic Signature of Signing Officer or Director

Date