

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000000246

FILED
Mar 20, 2009
Secretary of State

Entity Name: U.S. PENSION TRUST CORPORATION

Current Principal Place of Business:

701 WATERFORD WAY
SUITE 300
MIAMI, FL 33126 US

New Principal Place of Business:

Current Mailing Address:

701 WATERFORD WAY
SUITE 300
MIAMI, FL 33126 US

New Mailing Address:

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

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: 701 WATERFORD WAY SUITE 300
City-St-Zip: MIAMI, FL 33126

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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: ILIANA MACEIRAS

D

03/20/2009

Electronic Signature of Signing Officer or Director

_____ Date