2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000015142

LICA MACCACE INC

DAVIE, FL 33328

City-St-Zip:

FILED Jan 28, 2004 Secretary of State

Entity Nar	me: USA MA	SSAGE, INC.				
Current Principal Place of Business:				New Principal Place of Business:		
4611 S UNIVERSITY DRIVE SUITE 402 DAVIE, FL 33328				9050 PINES BLVD #384 PEMBROKE PINES, FL 33024		
Current Mailing Address:				New Mailing Address:		
9050 PINE	NIE MILLER S BLVD #384 KE PINES, FL	33024				
FEI Number:	: 65-0643922	FEI Number Applied For ()	FEI Number I	Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent: N				Name and Address of New Registered Agent:		
MILLER, B 9050 PINE STE 384 PEMBROK		3024				
	named entity e of Florida.	submits this statement for the	purpose of cha	nging its registe	ered office or registered agent, or both,	
SIGNATUR	RE:					
	Electron	nic Signature of Registered A	gent		Date	
Election Car	npaign Financin	g Trust Fund Contribution ().				
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	SHAPIRIO, ALI	RSITY DRIVE SUITE 402	Title: Nam Addr City-	e:	() Change () Addition	
Title: Name: Address:	FEDERICI, SAI) Delete NDRA RSITY DRIVE SUITE 402	Title: Nam Addr	e: FEDERIC	(X) Change()Addition CI, SONDRA JNIVERSITY DRIVE SUITE 402	

City-St-Zip: DAVIE, FL 33328

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: SONDRA FEDERICI VΡ 01/28/2004