

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000021748

FILED  
Apr 30, 2004  
Secretary of State

Entity Name: TRUST U.S.A. FINANCIAL CORP.

## Current Principal Place of Business:

1550 MIAMI GARDENS DR  
STE 200  
N MIAMI BEACH, FL 33179 US

## Current Mailing Address:

1550 MIAMI GARDENS DR  
STE 200  
N MIAMI BEACH, FL 33179 US

FEI Number: 65-0651638

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

DAVIDSON, RON  
1550 NE MIAMI GARDENS DR  
STE 200  
NORTH MIAMI BEACH, FL 33179 US

## New Principal Place of Business:

1550 MIAMI GARDENS DRIVE  
STE 200  
N MIAMI BEACH, FL 33179 US

## New Mailing Address:

1550 MIAMI GARDENS DRIVE  
STE 200  
N MIAMI BEACH, FL 33179 US

## Name and Address of New Registered Agent:

DAVIDSON, RON  
1550 NE MIAMI GARDENS DRIVE  
STE 200  
NORTH MIAMI BEACH, FL 33179 US

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: RON DAVIDSON

04/30/2004

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: DAVIDSON, HILAS  
Address: 1550 MIAMI GARDENS DR., STE 200  
City-St-Zip: N MIAMI BEACH, FL 33179

Title: STD ( ) Delete  
Name: DAVIDSON, RON  
Address: 1550 MIAMI GARDENS DR., STE 200  
City-St-Zip: N MIAMI BEACH, FL 33179

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition  
Name: DAVIDSON, HILAS  
Address: 1550 MIAMI GARDENS DRIVE., STE 200  
City-St-Zip: N MIAMI BEACH, FL 33179

Title: STD (X) Change ( ) Addition  
Name: DAVIDSON, RON  
Address: 1550 MIAMI GARDENS DRIVE., STE 200  
City-St-Zip: N MIAMI BEACH, FL 33179

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: RON DAVIDSON

STD

04/30/2004

Electronic Signature of Signing Officer or Director

Date