

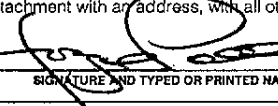


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 11, 2005 08:00 AM
Secretary of State

DOCUMENT # P96000030332		
1. Entity Name COUSINS U.S.A., INC.		
Principal Place of Business 3551 NW 15TH STREET LAUDERHILL, FL 33311-4268 US		Mailing Address 3551 NW 15TH STREET LAUDERHILL, FL 33311-4268 US
DO NOT WRITE IN THIS SPACE		
		 01032005 No Chg-P CR2E034 (10/03)
		4. FEI Number 65-0663872 Applied For <input type="checkbox"/> Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent		
MOSS, MARVIN I P.A. 20801 BISCAYNE BLVD SUITE 506 AVENTURA, FL 33180		DO NOT WRITE IN THIS SPACE
8. 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. I am familiar with, and accept the obligations of registered agent.		
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____		
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PTSD POLLIO, JOSEPH 3551 NW 15TH STREET LAUDERHILL, FL 333114268	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD POLLIO, CLEMENT 3551 NW 15TH STREET LAUDERHILL, FL 333114268	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
DO NOT WRITE IN THIS SPACE		
12. I hereby certify that the information supplied with this filing does not qualify 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.		
SIGNATURE:  President		4-9-05 (954)792-6650 Date Daytime Phone #