


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 26, 2005 8:00 am
Secretary of State

01-26-2005 90030 042 ***150.00

DOCUMENT # P96000081756	
1. Entity Name USA RECAMBIOS MARINOS CORP.	

Principal Place of Business 9110 FOUNTAINBLEU BOULEVARD APT 105 MIAMI, FL 33172	Mailing Address 9110 FOUNTAINBLEU BOULEVARD APT 105 MIAMI, FL 33172
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50007058

2. Principal Place of Business 918 NW 106 Ave Cir	3. Mailing Address 918 NW 106 Ave Cir
Suite, Apt. #, etc.	Suite, Apt. #, etc.



01172005 Chg-P CR2E034 (10/03)

City & State Miami FL	City & State Miami FL
Zip 33172	Zip 33172
Country USA	Country USA

4. FEI Number 65-0699321	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent AMERILAWYER CHARTERED 343 ALMERIA AVENUE CORAL GABLES, FL 33134

7. Name and Address of New Registered Agent	
Name Amadeo Nuñez	
Street Address (P.O. Box Number is Not Acceptable) 918 NW 106 Ave Circle	
City Miami	FL
	Zip Code 33172

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 **Amadeo Nunez, President** DATE **1/12/05**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE PT	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME NUNEZ, AMADEO		NAME	
STREET ADDRESS 9110 FOUNTAINBLEU BOULEVARD., #105		STREET ADDRESS	
CITY-ST-ZIP MIAMI, FL 33172		CITY-ST-ZIP	
TITLE SD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME NAVARRO, LOURDES		NAME	
STREET ADDRESS 9110 FOUNTAINBLEU BOULEVARD., #105		STREET ADDRESS	
CITY-ST-ZIP MIAMI, FL 33172		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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: **Amadeo Nunez** DATE **1/12/05** DAYTIME PHONE **305-223-8717**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR