2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 04, 2008 8:00 am
Secretary of State
02-04-2008 90035 025 ***150.00

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1. Entity Name
PSA-USA, INC.

Principal Place of Business	Mailing Address
212 NE 24TH STREET - FIRST FLOOR W MIAMI FL 33137	212 NE 24TH STREET - FIRST FLOOR W MIAMI FL 33137

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
2650 BISCAYNE BLVD	2650 BISCAYNE BLVD
Suite, Apt. #, etc. 700	Suite, Apt. #, etc. 700
City & State MIAMI - FLORIDA	City & State MIAMI - FLORIDA
Zip 33137 Country	Zip 33137 Country

1st MOORE CR2E034 (10/07)

4. FEI Number 65-0736283 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
CAZALET, JEAN 212 NE 24TH ST 1ST FLOOR MIAMI FL 33137	Name Street Address (P.O. Box Number is Not Acceptable) 2650 BISCAYNE BLVD. S. 700 City MIAMI FL Zip Code 33137

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 ________________________________
Signature, typed or printed name of registered agent and title if applicable NOTE: Registered Agent signature required when reinstating DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2008 Fee Will Be $550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD CAZALET, JEAN 212 NE 24TH STREET 1ST FLOOR MIAMI FL 33137	☐ Delete	PD CAZALET JEAN 2650 BISCAYNE BLVD. SUITE 700 MIAMI, FL. 33137	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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: ________________________ 01/24/2008
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #