


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 21, 2008 08:00 AM
Secretary of State

DOCUMENT # P97000034313 1. Entity Name GE. VA & COMPANY USA INC.	
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Principal Place of Business 8900 COLLINS AVENUE SURFSIDE, FL 33154 US	Mailing Address 8900 COLLINS AVENUE SURFSIDE, FL 33154 US
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

06172008 Chg-P CR2E034 (12/06)

City & State	City & State	4. FEI Number 65-0748712	Applied For <input type="checkbox"/> Not Applicable
Zip	Country	Zip	Country

6. Name and Address of Current Registered Agent VALENTINO, GIUSEPPE 8900 COLLINS AVENUE SURFSIDE, FL 33154	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 \$550.00 Due by September 12, 2008	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	PD	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	VALENTINO, GIUSEPPE			NAME			000000958125
STREET ADDRESS	8900 COLLINS AVENUE			STREET ADDRESS			08/21/08-80003-013 558.75
CITY-ST-ZIP	SURFSIDE, FL 33154			CITY-ST-ZIP			
TITLE	SD	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	VALENTINO, GIOVANNA			NAME			
STREET ADDRESS	8900 COLLINS AVENUE			STREET ADDRESS			
CITY-ST-ZIP	SURFSIDE, FL 33154			CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	VALENTINO, OLIMPIA			NAME			
STREET ADDRESS	8900 COLLINS AVENUE			STREET ADDRESS			
CITY-ST-ZIP	SURFSIDE, FL 33154			CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	VALENTINO, GIANCARIO			NAME			
STREET ADDRESS	8900 COLLINS AVENUE			STREET ADDRESS			
CITY-ST-ZIP	SURFSIDE, FL 33154			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 exemptions contained in Chapter 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:  _____

Date _____ Daytime Phone # **011390817572358**