

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2005 8:00 am
Secretary of State

04-25-2005 90312 021 ***158.75

DOCUMENT # P97000073966		
1. Entity Name USA TELEPORT, INC.		

Principal Place of Business 16555 NW 13 AVE. MIAMI, FL 33169	Mailing Address 16555 NW 13 AVE MIAMI, FL 33169
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

50043980



04202005 Chg-P CR2E034 (10/03)

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
CARRANZA, JUAN C 20533 BISCAYNE BLVD. #326 MIAMI, FL 33180		Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	

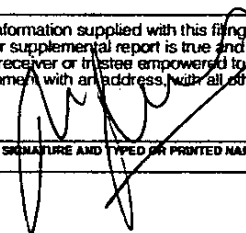
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reissuing) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. ☐ \$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 NAME STREET ADDRESS CITY - ST - ZIP	DP CARRANZA, JUAN C 20533 BISCAYNE BLVD. SUITE N #326 MIAMI, FL 33180 ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☒ Change ☐ Addition 16555 NW 13 Ave. Miami, FL 33169
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD DOLINSKY, NOEMI 20533 BISCAYNE BLVD. SUITE N 326 MIAMI, FL 33180 ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☒ Change ☐ Addition 16555 NW 13 Ave. Miami, FL 33169
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition

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:  **Noemi Dolinsky** 04/20/05 (305) 650-9505

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #