

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000079432

FILED  
Apr 04, 2005  
Secretary of State

Entity Name: US COLLEGE TRUST CORP.

**Current Principal Place of Business:**

999 PONCE DE LEON BLVD.  
SUITE 1040  
CORAL GABLES, FL 33134

**New Principal Place of Business:**

**Current Mailing Address:**

999 PONCE DE LEON BLVD.  
SUITE 1040  
CORAL GABLES, FL 33134

**New Mailing Address:**

FEI Number: 65-0821575      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

BERMUDA&, TOME  
8300 NW 53RD ST SUITE 300  
MIAMI, FL 33166 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: MACEIRAS, LEONARDO  
Address: 999 PONCE DE LEON BLVD., SUITE 1040  
City-St-Zip: CORAL GABLES, FL 33134

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LEONARDO MACEIRAS

D

04/04/2005

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date