

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # **P98000039045**

1. Entity Name  
**A BRANCO USA, INC.**



Principal Place of Business  
**5246 NE 6 AVE  
STE G32  
FORT LAUDERDALE FL 33334**

Mailing Address  
**5246 NE 6 AVE  
STE G32  
FORT LAUDERDALE FL 33334**

2. Principal Place of Business	3. Mailing Address <b>P. O. Box 4272</b>	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	
City & State <b>Fort Lauderdale FL</b>		4. FEI Number <b>65-0832993</b>
Zip	Country <b>USA</b>	5. Certificate of Status Desired <b>\$8.75 Additional Fee Required</b>

6. Name and Address of Current Registered Agent

**BRANCO, ARQUIMERES C  
5246 NE 6 AVE, G32  
FT LAUDERDALE FL 33334**

7. Name and Address of New Registered Agent

Name	
Street Address (P.O. Box Number is Not Acceptable)	
City <b>FL</b>	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 \_\_\_\_\_  
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, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State	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 NAME STREET ADDRESS CITY-ST-ZIP	<b>PSTD BRANCO, ARQUIMERES C 5246 NE 6 AVE, G32 FORT LAUDERDALE FL 33334</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: *John A. Branco*

**REPRESENTED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**FILED  
Apr 28, 2003 8:00 am  
Secretary of State**

04-28-2003 91272 011 \*\*\*150.00



CHECK HERE IF MAKING CHANGES

CR2E034 (10/02)

02/05/03

(954) 776-2261

Daytime Phone #