

2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P98000043111

FILED
Sep 24, 2008
Secretary of State**Entity Name:** USA INVESTMENTS-MIAMI, CORP.**Current Principal Place of Business:**150 ALHAMBRA CIRCLE
SUITE 800
CORAL GABLES, FL 33134 US**New Principal Place of Business:****Current Mailing Address:**150 ALHAMBRA CIRCLE
SUITE 800
CORAL GABLES, FL 33134 US**New Mailing Address:****FEI Number:** 65-0843594 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)****Name and Address of Current Registered Agent:**S& K PROPERTY MANAGEMENT LLC
150 ALHAMBRA CIRCLE
SUITE 800
CORAL GABLES, FL 33134 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**OFFICERS AND DIRECTORS:****Title:** PD () Delete
Name: BUCKREUS, GERTI
Address: 150 ALHAMBRA CIRCLE, SUITE 800
City-St-Zip: CORAL GABLES, FL 33134**Title:** VS () Delete
Name: CARTAYA, LIDIA
Address: 150 ALHAMBRA CIRCLE, SUITE 800
City-St-Zip: CORAL GABLES, FL 33134**Title:** AVP () Delete
Name: HERNANDEZ, FRANK
Address: 150 ALHAMBRA CIRCLE, SUITE 800
City-St-Zip: CORAL GABLES, FL 33134**Title:** () Delete
Name: _____
Address: _____
City-St-Zip: _____**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** D (X) Change () Addition
Name: BUCKREUS, GERTI
Address: 150 ALHAMBRA CIRCLE, SUITE 800
City-St-Zip: CORAL GABLES, FL 33134**Title:** () Change () Addition
Name: _____
Address: _____
City-St-Zip: _____**Title:** () Change () Addition
Name: _____
Address: _____
City-St-Zip: _____**Title:** P () Change (X) Addition
Name: KUCZURBA, DIRK
Address: 150 ALHAMBRA CIRCLE, SUITE 800
City-St-Zip: CORAL GABLES, FL 33134

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: LIDIA CARTAYA

VS

09/24/2008

Electronic Signature of Signing Officer or Director_____
Date