


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 13, 2004 8:00 am
Secretary of State

09-13-2004 90006 047 ***150.00

DOCUMENT # P98000052583

1. Entity Name
 ULSA, INC.



Principal Place of Business Mailing Address

601 BRICKELL KEY DR STE 805 601 BRICKELL KEY DR STE 805
 MIAMI, FL 33131 MIAMI, FL 33131

54072829



2. Principal Place of Business 3. Mailing Address

601 1441 Brickell Ave 601 1441 Brickell Ave
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 Suite 1014 Suite 1014
 City & State City & State
 Miami, FL Miami, FL
 Zip Country Zip Country
 33131 33131

09082004 Chg-P CR2E034 (10/03)

6. Name and Address of Current Registered Agent

ALLEN & GALEGO
 601 BRICKELL KEY DR, STE 805
 MIAMI, FL 33131

7. Name and Address of New Registered Agent

Name: Robert Allen Law
 Street Address (P.O. Box Number is Not Acceptable): 1441 Brickell Ave
 Suite 1014
 City: Miami FL Zip Code: 33131

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: Jessie Aguilar by: Tessi Aguilar, asst. Secretary DATE: 9/8/04

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
Due by September 8, 2004

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD ALLEN, ROBERT N JR 601 BRICKELL KEY DR. STE 805 MIAMI, FL 33131	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD Allen, Robert N. Jr. 1441 Brickell Ave #1014 Miami, FL 33131	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SS Aguilar, Tessi 1441 Brickell Ave #1014 Miami, FL 33131	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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: Jessie Aguilar Tessi Aguilar DATE: 9/8/04 DAYTIME PHONE #: (305) 372-3307

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