

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

Apr 26, 2007 08:00 AM
Secretary of State

DOCUMENT # P99009023021

1. Entity Name

U.S.A. EXPORT SOLUTIONS, INC.



Principal Place of Business

100 LAKEVIEW DR.
#208
WESTON FL 33326

Mailing Address

100 LAKEVIEW DR.
#208
WESTON FL 33326



2. Principal Place of Business - No P.O. Box #

100 LAKEVIEW DR.

3. Mailing Address

100 LAKEVIEW DR. #208

1st MOORE

CR2E034 (10/06)

Suite, Apt. #, etc.

208

Suite, Apt. #, etc.

208

City & State

WESTON, FL.

City & State

WESTON FL.

4. FEI Number

65-0902855

Applied For

Not Applicable

Zip

33326

Country

FLORIDA

Zip

33326

Country

FLORIDA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ARISTIZABAL, SILVIO
100 LAKEVIEW DR.
#208
WESTON FL 33326

7. Name and Address of New Registered Agent

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

[Signature]

(Signature typed or printed name of registered agent and title if applicable.)

(NOTE: Registered Agent signature required when registering)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D	☐ Delete
NAME	ARISTIZABAL, SILVIO	
STREET ADDRESS	100 LAKEVIEW DR.	
CITY- ST- ZIP	WESTON FL 33326	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	U00000734523	☐ Change ☐ Addition
NAME	05/09/07-80128-018 150.00	
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/23/07 954-318-7975

Date

Daytime Phone #