

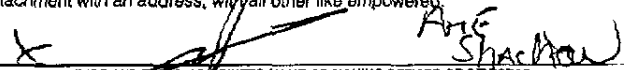


FILED
Mar 27, 2006 08:00 AM
Secretary of State

DOCUMENT # P99000029554 1. Entity Name USA COMMERCIAL SERVICE INC.				Secretary of State	
Principal Place of Business 8361 NW 47TH COURT FT LAUDERADLE, FL 33351		Mailing Address 8361 NW 47TH COURT FT LAUDERADLE, FL 33351			
DO NOT WRITE IN THIS SPACE					
				03162006 No Chg-P CR2E034 (11/05)	
DO NOT WRITE IN THIS SPACE				4. FEI Number 65-0909331	
				Applied For Not Applicable	
DO NOT WRITE IN THIS SPACE				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent					
SHACHAR, ARIE 8361 NW 47TH COURT FT LAUDERADLE, FL 33351					
DO NOT WRITE IN THIS SPACE					
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
				U00000481462 04/11/06-80033-007 150.00	
10. OFFICERS AND DIRECTORS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP		PD SHACHAR, ARIE 8361 NW 47TH COURT FT LAUDERADLE, FL 33351			
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TITLE 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 Chapter 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:  3 21 06 954-2344480 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> Date Daytime Phone #					