

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000037489

FILED
Aug 04, 2006
Secretary of State

Entity Name: TRADITIONAL SERVICES USA, INC.

Current Principal Place of Business:

1790 WEST 49TH STREET
SUITE 401
HIALEAH, FL 33012

New Principal Place of Business:

4445 WEST 16TH AVENUE
SUITE 250
HIALEAH, FL 33012

Current Mailing Address:

1790 WEST 49TH STREET
SUITE 401
HIALEAH, FL 33012

New Mailing Address:

4445 WEST 16TH AVENUE
SUITE 250
HIALEAH, FL 33012

FEI Number: 65-0913059

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SALADO, MARIA M
1790 WEST 49TH STREET
SUITE 401
HIALEAH, FL 33012 US

Name and Address of New Registered Agent:

SALADO, MARIA M
4445 WEST 16TH AVENUE
SUITE 250
HIALEAH, FL 33012 US

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: MS

08/04/2006

Electronic Signature of Registered Agent

Date

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: SALADO, MARIA M
Address: 1790 W 49 STREET #401
City-St-Zip: HIALEAH, FL 33012

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: SALADO, MARIA M
Address: 4445 WEST 16TH AVENUE, STE 250
City-St-Zip: HIALEAH, FL 33012

I hereby certify that the information supplied with this filing does not qualify for the 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: MS

P

08/04/2006

Electronic Signature of Signing Officer or Director

Date