

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 10, 2006 08:00 AM
Secretary of State

DOCUMENT # P99000104848

1. Entity Name
RETURN USA, INC.



Principal Place of Business
**306 ALCAZAR AVENUE
SUITE 302
CORAL GABLES, FL 33134**

Mailing Address
**306 ALCAZAR AVENUE
SUITE 302
CORAL GABLES, FL 33134**



03012006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0966882

Applied For
Not Applicable

5. Certificate of Status Desired ☒ **\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

**VEGA, ALBERT
396 ALCAZAR AVENUE
SUITE 302
CORAL GABLES, FL 33134**

**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

Signature, typed or printed name of registered agent and title of office

(NOTE: Registered Agent signature required when reactivating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

**00000500767
04/25/06-80035-010 158.75**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
**PD
GETREIDE, PATRICK
306 ALCAZAR AVENUE SUITE 302
CORAL GABLES, FL 33134**

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
**S
VEGA, ALBERT P
306 ALCAZAR AVENUE, SUITE 302
CORAL GABLES, FL 33134**

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME
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TITLE
NAME
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CITY- ST- ZIP

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IN THIS SPACE**

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: ☒

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #