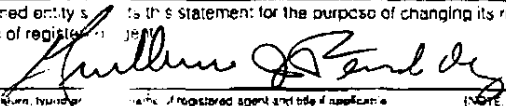


FILED
May 04, 2005 8:00 am
Secretary of State

05-04-2005 90168 013 ***158.75

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # S58654			
1. Entity Name U.S. PRESS AND FUTURE INC.			
Principal Place of Business 200 S. BISCAYNE BLVD., 41st FLOOR MIAMI, FL 33131 US		Mailing Address 200 S. BISCAYNE BLVD., 4100 FLOOR MIAMI, FL 33131 US	
2. Principal Place of Business 100 SE 2nd Street Suite, Apt. #, etc. 34th Floor City & State Miami, FL Zip 33131-2158		3. Mailing Address 100 SE 2nd Street Suite, Apt. #, etc. 34th Floor City & State Miami, FL Zip 33131-2158 Country	
01052005 Chg-P CR2E034 (10/03)		4. FEI Number 65-0277572 Applied For Not Applicable	
5. Date of Status Desired ☒ \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent CORP. INTL. REGISTERED AGENT, INC. 200 S. BISCAYNE BLVD 41 FLOOR MIAMI, FL 33131		7. Name and Address of New Registered Agent BPFC CORPORATE REGISTERED AGENTS, INC. Street Address (P.O. Box Number is Not Acceptable) 100 SE 2nd Street 34th Floor City Miami FL Zip Code 33131	
8. The above named entity is the 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:  BPFC Corporate Registered Agents, Inc. 4/29/05 Signature of registered agent and title if applicable (NOTE: Registered Agent signature required when there is a change) DATE			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPST MARTINEZ, JAVIER 200 S. BISCAYNE BLVD., STE #4100 MIAMI, FL 33131 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPST MARTINEZ, JAVIER 100 SE 2nd Street, 34th Floor Miami, FL 33131-2158 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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 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 owner 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 attached document, with all other like empowered			
SIGNATURE:  OFFICER AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date: _____			

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