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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.

50047538

Principal Place of Business
200 S. BISCAYNE BLVD., 4100 FLOOR
MIAMI, FL 33131 US

Mailing Address
200 S. BISCAYNE BLVD., 4100 FLOOR
MIAMI, FL 33131 US

01052005 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
100 SE 2nd Street	100 SE 2nd Street
Suite, Apt. #, etc: 34th Floor	Suite, Apt #, etc.: 34th Floor
City & State: Miami, FL	City & State: Miami, FL
Zip: 33131-2158 Country:	Zip: 33131-2158 Country:

4. FEI Number: 65-0277572 — Applied For / Not Applicable

5. Certificate of Status Desired XX — $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
BFPC 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 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] BFPC Corporate Registered Agents, Inc. 4/29/05
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 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	DPST ☐ Delete	TITLE	DPST XX Change ☐ Addition
NAME	MARTINEZ, JAVIER	NAME	MARTINEZ, JAVIER
STREET ADDRESS	200 S. BISCAYNE BLVD., STE #4100	STREET ADDRESS	100 SE 2nd Street, 34th Floor
CITY-ST-ZIP	MIAMI, FL 33131	CITY-ST-ZIP	Miami, FL 33131-2158
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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 or supplemental report is true and accurate and that my signature shall have the same legal affect 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 Date Daytime Phone #

(8)