


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2005 08:00 AM
Secretary of State

DOCUMENT # V13226
 1. Entity Name
 JSA INVESTMENTS (USA) INC.



Principal Place of Business: 4901 N.W. 17TH WAY, SUITE 103, FT. LAUDERDALE, FL 33309
 Mailing Address: 4901 N.W. 17TH WAY, SUITE 103, FT. LAUDERDALE, FL 33309



DO NOT WRITE IN THIS SPACE

01252005 No Chg-P CR2E034 (10/03)
 4. FEI Number: 65-0334672 Applied For: Not Applicable
 5. Certificate of Status Desired: \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 LEVY, ALAN
 4901 NW 17 WAY SUITE 103
 FORT LAUDERDALE, FL 33309

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 _____ (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

TITLE	D
NAME	ESHET, OZER
STREET ADDRESS	182 NEWPORT SQUARE
CITY - ST - ZIP	THORNHILL, ONTARIO, L4J7N5
TITLE	D
NAME	ESHET, NETA
STREET ADDRESS	182 NEWPORT SQUARE
CITY - ST - ZIP	THORNHILL, ONTARIO, L4J7N5
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

100000343093
 04/29/05-80081-016 150.00

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Cher Eshet OZER Eshet Date: 4/25/05 954
 Daytime Phone #: 491-5505

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR