



2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 30, 2006 8:00 am
Secretary of State

01-30-2006 90038 021 ****61.25

DOCUMENT # F99000004144							
1. Entity Name FAMILIA USA INC.							
Principal Place of Business 590 COLUMBUS AV. THORNWOOD, NY 10594			Mailing Address 590 COLUMBUS AV. THORNWOOD, NY 10594				
2. Principal Place of Business		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State		City & State		4. FEI Number 06-1500091			
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent				
CORPDIRECT AGENTS 515 E. PARK AVE. TALLAHASSEE, FL 32301			Name				
			Street Address (P.O. Box Number is Not Acceptable)				
			City			FL	Zip Code
			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 _____			DATE _____				
Filing Fee is \$61.25 Due by May 1, 2006			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State		
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE	PD	<input checked="" type="checkbox"/> Delete		TITLE	P/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	REILLY, SCOTT			NAME	Emilio Diaz-Torre		
STREET ADDRESS	2595 SPALDING DRIVE			STREET ADDRESS	7215 Northgreen Drive NE		
CITY-ST-ZIP	ATLANTA, GA 30350			CITY-ST-ZIP	Atlanta, GA 30328		
TITLE	VPD	<input checked="" type="checkbox"/> Delete		TITLE	V/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	DIAZ-TORRE, EMILIO			NAME	Andre LaSana		
STREET ADDRESS	582 COLUMBUS AVENUE			STREET ADDRESS	2601 North Sayre Avenue		
CITY-ST-ZIP	THORNWOOD, NY 10594			CITY-ST-ZIP	Chicago, IL 60707		
TITLE	TSD	<input type="checkbox"/> Delete		TITLE			
NAME	ORTEGA, JOSE F			NAME			
STREET ADDRESS	582 COLUMBUS AVE.			STREET ADDRESS			
CITY-ST-ZIP	THORNWOOD, NY 10594			CITY-ST-ZIP			
TITLE	D	<input checked="" type="checkbox"/> Delete		TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	LASANA, ANDRE			NAME	Matthew Kaderabek		
STREET ADDRESS	89 WEST LOGAN STREET			STREET ADDRESS	2601 North Sayre Avenue		
CITY-ST-ZIP	LEMONT, IL 60439			CITY-ST-ZIP	Chicago, IL 60707		
TITLE		<input type="checkbox"/> Delete		TITLE			
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE			
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 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 617, 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: 			Date: 1/24/2006		Daytime Phone #: (914) 773-1368		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR							