ANNUAL REPORT

DOCUMENT # P06000077861

1. Entity Name
U.S. AQ CONSULTANTS, INC.

Principal Place of Business
1079 ROLIN ST
HAINES CITY, FL 33844

Mailing Address
1079 ROLIN ST
HAINES CITY, FL 33844

DO NOT WRITE IN THIS SPACE

02262008 No Chg-P CR2E034 (11/05)

4. FEI Number
20-4985776
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

ANAF, MIRKO
1079 ROLIN ST
HAINES CITY, FL 33844

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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 MIRKO ANAF (PRESIDENT) 03/03/08
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, 2008 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

000000855127
03/27/08-90036--014 150.00

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	ANAF, MIRKO
STREET ADDRESS	1079 ROLIN ST
CITY-ST-ZIP	HAINES CITY, FL 33844
TITLE	VP
NAME	TECH DEC INFORMATICA LTD
STREET ADDRESS	AV. IGUACU, 463 CONJ. 501 - CEP 90.470-430
CITY-ST-ZIP	PORTO ALEGRE, RS BRAZIL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE 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: MIRKO ANAF 03/03/08 863-307-7587
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #