

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 31, 2007 8:00 am
Secretary of State

01-31-2007 90047 044 ***150.00

DOCUMENT # 486614

1. Entity Name
SERCO-USA, INC.



Principal Place of Business
~~5941 SW 79 CT.~~
~~MIAMI FL 33143~~

Mailing Address
~~5941 SW 79 CT.~~
~~MIAMI FL 33143~~

CHANGE OF ADDRESS



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E034 (10/06)

4. FEI Number 59-1716566

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

~~REED, BARRIE T~~
~~5941 SW 79 CT~~
~~MIAMI FL 33143~~

426 E. RIDGE VILLAGE DR
MIAMI FL 33157

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

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, 2007 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

T
NAME REED, BARRIE T. ☐ Delete
STREET ADDRESS ~~5941 SW 79TH COURT~~ 426 E. RIDGE VILLAGE DR
CITY - ST - ZIP ~~MIAMI FL 33143~~ MIAMI FL 33157

P
NAME REED, BARRIE T. ☐ Delete
STREET ADDRESS ~~5941 SW 79TH COURT~~
CITY - ST - ZIP ~~MIAMI FL 33143~~

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NAME REED, BARRIE T. ☐ Delete
STREET ADDRESS ~~5941 SW 79TH COURT~~
CITY - ST - ZIP ~~MIAMI FL 33143~~

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

☐ Change ☐ Addition
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STREET ADDRESS
CITY - ST - ZIP

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CITY - ST - ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

Barrie T Reed

BARRIE T. REED

1/26/07

305 254 9170

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #