


**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 09, 2007 8:00 am**  
**Secretary of State**

04-09-2007 90072 019 \*\*\*150.00

<b>DOCUMENT # L74605</b> 1. Entity Name U. S. FLORIDA ALLIANCE, INC.	
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Principal Place of Business 13121 NW LEJEUNE SECOND FLOOR MIAMI, FL 33054-4435 US	Mailing Address P O. BOX 680-520 MIAMI, FL 33168-0520 US
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**DO NOT WRITE IN THIS SPACE**



02052007 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0335091	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

MCDONALD & MCDONALD  
1393 SW FIRST STREET  
SUITE 200  
MIAMI, FL 33135-2386

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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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRES. D. UTVICH, MICHAEL 6305 CASTANEDA CORAL GABLES, FL 33146
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C.S.T. D. UTVICH, LORNA R 6305 CASTANEDA CORAL GABLES, FL 331463410
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V. PRES. D. UTVICH, GREGORY T 10550 SW 67TH STREET MIAMI, FL 33173
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CHMN. D. UTVICH, DARYL A PO BOX 622-462 ORLANDO, FL 32862
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C.E.O. D. UTVICH, DAVID M 1368 HIBISCUS AVE WINTER PARK, FL 32789
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D. UTVICH, M. EDWARD 10340 N.W. 37TH AVE. MIAMI, FL 33147-1019

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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:** MICHAEL UTVICH 3/27/07 305/688-2222  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #