

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 09, 2008 8:00 am**  
**Secretary of State**

05-09-2008 90010 009 \*\*\*150.00

**DOCUMENT # L74605**

1. Entity Name  
U. S. FLORIDA ALLIANCE, INC.



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

40100242



01302008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
65-0335091

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

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

**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

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**

**10. OFFICERS AND DIRECTORS**

TITLE DP  
NAME UTVICH, MICHAEL  
STREET ADDRESS 6305 CASTANEDA  
CITY-ST-ZIP CORAL GABLES, FL 33146 -3410

TITLE CSTD  
NAME UTVICH, LORNA R  
STREET ADDRESS 6305 CASTANEDA  
CITY-ST-ZIP CORAL GABLES, FL 331463410

TITLE VPD  
NAME UTVICH, GREGORY T  
STREET ADDRESS 10550 SW 67TH STREET  
CITY-ST-ZIP MIAMI, FL 33173

TITLE CD  
NAME UTVICH, DARYL A  
STREET ADDRESS PO BOX 622-462  
CITY-ST-ZIP ORLANDO, FL 32862

TITLE CEOD  
NAME UTVICH, DAVID M  
STREET ADDRESS 1368 HIBISCUS AVE  
CITY-ST-ZIP WINTER PARK, FL 32789

TITLE D  
NAME UTVICH, M EDWARD  
STREET ADDRESS 10340 NW 37TH AVE  
CITY-ST-ZIP MIAMI, FL 331471019

**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:

*Gregory T. Utvich President*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/08

Date

305-688-2222

Daytime Phone #