# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Apr 21, 2011**
**Secretary of State**

DOCUMENT# L74605

**Entity Name:** U. S. FLORIDA ALLIANCE, INC.

**Current Principal Place of Business:**

13121 NW LEJEUNE
SECOND FLOOR
MIAMI, FL 330544435 US

**New Principal Place of Business:**

**Current Mailing Address:**

P O. BOX 680-520
MIAMI, FL 331680520 US

**New Mailing Address:**

**FEI Number: 65-0335091** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

MCDONALD & MCDONALD
1393 SW FIRST STREET
SUITE 200
MIAMI, FL 331352386 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

**OFFICERS AND DIRECTORS:**

Title: DP
Name: UTVICH, MICHAEL
Address: 6305 CASTANEDA
City-St-Zip: CORAL GABLES, FL 331463410

Title: CSTD
Name: UTVICH, LORNA R
Address: 6305 CASTANEDA
City-St-Zip: CORAL GABLES, FL 331463410

Title: VPD
Name: UTVICH, GREGORY T
Address: 10550 SW 67TH STREET
City-St-Zip: MIAMI, FL 33173

Title: CD
Name: UTVICH, DARYL A
Address: PO BOX 622-462
City-St-Zip: ORLANDO, FL 32862

Title: CEOD
Name: UTVICH, DAVID M
Address: 1368 HIBISCUS AVE
City-St-Zip: WINTER PARK, FL 32789

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: GREGORY T. UTVICH VPD 04/21/2011

Electronic Signature of Signing Officer or Director — Date