

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000021469

FILED  
Apr 30, 2008  
Secretary of State

**Entity Name:** UNITED SECURITY AND COMMUNICATIONS, INC.

**Current Principal Place of Business:**

1500 LINCOLNWOOD LANE  
LONGWOOD, FL 32750

**New Principal Place of Business:**

**Current Mailing Address:**

INTERNATIONAL PROFFESIONAL SERVICE CORP  
2813 S. HIAWASSEE RD #104  
ORLANDO, FL 32835

**New Mailing Address:**

**FEI Number:** 59-3002890

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

IRANI, RUSTOM  
1500 LINCOLNWOOD LANE  
LONGWOOD, FL 32750 US

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

DEMEHRI, RUSTOM  
1500 LINCOLNWOOD LANE  
LONGWOOD, FL 32750 US

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: RUSTOM DEMEHRI

04/30/2008

Electronic Signature of Registered Agent

Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: IRANI, RUSTOM  
Address: 1500 LINCOLNWOOD LANE  
City-St-Zip: LONGWOOD, FL 32750

Title: S ( ) Delete  
Name: IRANI, SARVAR  
Address: 1500 LINCOLNWOOD LANE  
City-St-Zip: LONGWOOD, FL 32750

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P (X) Change ( ) Addition  
Name: DEMEHRI, RUSTOM  
Address: 1500 LINCOLNWOOD LANE  
City-St-Zip: LONGWOOD, FL 32750

Title: S (X) Change ( ) Addition  
Name: DEMEHRI, SARVAR  
Address: 1500 LINCOLNWOOD LANE  
City-St-Zip: LONGWOOD, FL 32750

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: RUSTOM DEMEHRI

PD

04/30/2008

Electronic Signature of Signing Officer or Director

Date