

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90479 049 ***150.00

DOCUMENT # P00000072219

1. Entity Name
U.S.A. SINCO INTERNATIONAL, INC.



Principal Place of Business
1527 PALERMO DR
WESTON, FL 33327

Mailing Address
1527 PALERMO DR
WESTON, FL 33327

50017702



2. Principal Place of Business

370 Golfview Dr.
Suite, Apt. #, etc.

3. Mailing Address

370 Golfview Dr.
Suite, Apt. #, etc.

04272006 Chg-P CR2E034 (11/05)

City & State

Weston, FL

City & State

Weston, FL

4. FEI Number

65-1033195

Applied For

Not Applicable

Zip
33326

Country
USA

Zip
33326

Country
USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BAUTISTA, GLADYS
1527 PALERMO DR
WESTON, FL 33327

7. Name and Address of New Registered Agent

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]
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

04-24-06

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD ☐ Delete
NAME BAUTISTA, GLADYS S
STREET ADDRESS 1527 PALERMO DR
CITY-ST-ZIP WESTON, FL 33327

TITLE VPD ☐ Delete
NAME HERNANDEZ, EDGAR
STREET ADDRESS 1527 PALERMO DR
CITY-ST-ZIP WESTON, FL 33327

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD ☒ Change ☐ Addition
NAME Bautista, Gladys S.
STREET ADDRESS 370 Golfview Dr.
CITY-ST-ZIP Weston, FL 33326

TITLE VPD ☒ Change ☐ Addition
NAME Hernandez, Edgar
STREET ADDRESS 370 Golfview Dr.
CITY-ST-ZIP Weston, FL 33326

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-24-06

Date

Daytime Phone #

3053006375