


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 26, 2004 08:00 AM
Secretary of State

DOCUMENT # P01000060430	
1. Entity Name U.S.A. HARDWARE INC.	
	
Principal Place of Business C/O KURZBAN KURZBAN WEINGER & TETZELI, PA 2650 SW 27TH AVE. MIAMI, FL 33133	Mailing Address C/O KURZBAN KURZBAN WEINGER & TETZELI, PA 2650 SW 27TH AVE. MIAMI, FL 33133



07212004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-1119507	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent KURZBAN, MARVIN ESQ C/O KURZBAN KURZBAN WEINGER AND TETZELI, PA 2650 SW 27TH AVE. MIAMI, FL 33133	DO NOT WRITE IN THIS SPACE
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$150.00
Due by September 8, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PT ISSA, HASSAIN 10135 SW 124 ST MIAMI, FL 33176
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPS ISSA, FATIMA 10135 SW 124 ST MIAMI, FL 33176
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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07/26/04-80004-004 158.75

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: _____ **7-21-04**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #