

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 02, 2008 08:00 AM
Secretary of State

DOCUMENT # P01000109133

1. Entity Name
USA CORRESPONDENT SERVICES, INC.



Principal Place of Business
**2 SOUTH BISCAYNE BLVD, SUITE 3400
MIAMI, FL 33131 US**

Mailing Address
**2 SOUTH BISCAYNE BLVD, SUITE 3400
MIAMI, FL 33131 US**



02012008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-1153761

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

**GY CORPORATE SERVICES, INC.
2 SOUTH BISCAYNE BLVD, SUITE 3400
MIAMI, FL 33131**

**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	VP
NAME	BEUTTENMULLER, DONALD J
STREET ADDRESS	777 S FLAGLER DR, SUITE 500 EAST
CITY-ST-ZIP	WEST PALM BEACH, FL 33401
TITLE	PD
NAME	VAZQUEZ-BELLO, CLEMENTE
STREET ADDRESS	2 SOUTH BISCAYNE BLVD, SUITE 3400
CITY-ST-ZIP	MIAMI, FL 33131
TITLE	VSD
NAME	SCHEER, MARK J
STREET ADDRESS	2 SOUTH BISCAYNE BLVD, SUITE 3400
CITY-ST-ZIP	MIAMI, FL 33131
TITLE	CFO
NAME	MCDERMOTT, STEPHEN
STREET ADDRESS	777 S FLAGLER DR, SUITE 500 EAST
CITY-ST-ZIP	WEST PALM BEACH, FL 33401
TITLE	C
NAME	SNOWDEN, DAVID
STREET ADDRESS	777 S FLAGLER DR, SUITE 500 EAST
CITY-ST-ZIP	WEST PALM BEACH, FL 33401
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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05/30/08-80009-012 150.00

**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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MARK SCHEER

Date

4/28/08

Daytime Phone #

305-376-1181