

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 04, 2008 8:00 am**  
**Secretary of State**

04-04-2008 90015 037 \*\*\*150.00

**DOCUMENT # P02000013111**

1. Entity Name  
U.S. TECHNOLOGY-MIAMI/SOUTH AMERICA, INC.



Principal Place of Business  
2600 NW 72 AVE.  
MIAMI, FL 33122

Mailing Address  
2600 NW 72 AVE.  
MIAMI, FL 33122

40058600



01092008 Chg-P CR2E034 (12/06)

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number  
43-1950002

Applied For  
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM  
1200 S. PINE ISLAND RD.  
PLANTATION, FL 33324

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, 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 D ☒ Delete  
NAME COOPER, ROBERT  
STREET ADDRESS 3799 ARAPOHO ROAD  
CITY-ST-ZIP ADDISON, TX 75001

TITLE P ☐ Delete  
NAME LUGO, YIMIS  
STREET ADDRESS 2600 NW 72 AVE  
CITY-ST-ZIP MIAMI, FL 33122

TITLE VP ☐ Delete  
NAME FERRO, NOEL  
STREET ADDRESS 2600 NW 72 AVE.  
CITY-ST-ZIP MIAMI, FL 33122

TITLE T ☐ Delete  
NAME JOLLY, JOHN  
STREET ADDRESS 3799 ARAPOHO ROAD  
CITY-ST-ZIP ADDISON, TX 75001

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 D ☐ Change ☒ Addition  
NAME Peddecord, Tim  
STREET ADDRESS 9715A Burnet Rd, Suite 400  
CITY-ST-ZIP Austin, TX 78758

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

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

TITLE T ☒ Change ☐ Addition  
NAME Jolly, John  
STREET ADDRESS 9715A Burnet Rd, Suite 400  
CITY-ST-ZIP Austin, TX 78758

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: TIM PEDDECORD  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/25/08 512 651  
5329