


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 13, 2007 08:00 AM
Secretary of State

DOCUMENT # P02000043235 1. Entity Name U.S. CAPITAL PARTNERS, INC.	
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Principal Place of Business 4183 SHELL ROAD SARASOTA, FL 34242	Mailing Address 4183 SHELL ROAD SARASOTA, FL 34242
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DO NOT WRITE IN THIS SPACE



01282007 No Chg-P CR2E034 (11/05)

4. FEI Number 32-0010352	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fees Required
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6. Name and Address of Current Registered Agent MIRMAN, ALVIN 4183 SHELL ROAD SARASOTA, FL 34242

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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	DATE _____
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FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MIRMAN, ALVIN 4183 SHELL ROAD SARASOTA, FL 34242
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP ZINDMAN, MICHAEL 2295 NW CORPORATE BLVD BOCA RATON, FL 33431
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	2-3-07 <small>Date</small>	9413493339 <small>Daytime Phone #</small>
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