


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 12, 2004 8:00 am
Secretary of State

02-12-2004 90012 013 ***158.75

DOCUMENT # P02000067204		
1. Entity Name TEAM USA MOVING, INC.		

Principal Place of Business 2105 NE 62ND ST FORT LAUDERDALE, FL 33308	Mailing Address 2105 NE 62ND ST FORT LAUDERDALE, FL 33308
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33010330

2. Principal Place of Business 3045 North Federal Hwy	3. Mailing Address 3045 North Federal Hwy.
Suite, Apt. #, etc. Suite # 46	Suite, Apt. #, etc. Suite # 46
City & State Ft. Lauderdale, FL	City & State Ft. Lauderdale FL
Zip 33308	Zip 33306
Country Edward	Country Edward



01282004 Chg-P CR2E034 (10/03)

4. FEI Number 01-0714988	Applied For Not Applicable
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5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent DEVIGILI, JOSEPH O 2105 NE 62ND ST FORT LAUDERDALE, FL 33308	
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7. Name and Address of New Registered Agent Name <u>Mark V. Morin</u> Street Address (P.O. Box Number is Not Acceptable) <u>3045 North Federal Highway</u> <u>Suite # 46</u> City <u>Ft. Lauderdale</u> <u>FL</u> Zip Code <u>33306</u>	
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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 <u>Mark V. Morin</u> DATE <u>1/28/04</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	
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FILE NOW!!! FEE IS \$150.00 After May 1, 2004 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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DEVIGILI, JOSEPH D 4227 REDONDA LANE NAPLES, FL 34119	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President, Director, CEO Stephen P. Smith 3045 North Federal Highway #46 Fort Lauderdale, FL 33306
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: <u>Stephen P. Smith</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	Date <u>1/28/04</u> Daytime Phone # <u>(800)759-3044</u>