

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000042417

FILED  
May 20, 2008  
Secretary of State

Entity Name: USA PROFESSIONAL MARKETING, INC.

**Current Principal Place of Business:**

10851 KING BAY DRIVE  
BOCA RATON, FL 33498

**New Principal Place of Business:**

**Current Mailing Address:**

10851 KING BAY DRIVE  
BOCA RATON, FL 33498

**New Mailing Address:**

FEI Number: 30-0166915

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

SCHINDER, BARRY S  
3107 STIRLING RD, STE 105  
FT LAUDERDALE, FL 33312 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

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

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: MS. ( ) Delete  
Name: CARICATO, LISA PRES.  
Address: 10851 KING BAY DRIVE  
City-St-Zip: BOCA RATON, FL 33498 US

Title: MS. ( ) Delete  
Name: CARICATO, LISA VP  
Address: 5706 NW 48TH COURT  
City-St-Zip: CORAL SPRINGS, FL 33067 US

Title: MS. ( ) Delete  
Name: CARICATO, LISA SEC.  
Address: 10851 KING BAY  
City-St-Zip: BOCA RATON, FL 33498 US

Title: MS. ( ) Delete  
Name: CARICATO, LISA TRES.  
Address: 10851 KING BAY DRIVE  
City-St-Zip: BOCA RATON, FL 33498 US

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LISA CARICATO

PRES

05/20/2008

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date