


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 15, 2005 8:00 am
Secretary of State

07-15-2005 90019 041 ***150.00

DOCUMENT # P04000021773	
1. Entity Name UNITED STRATEGIC INVESTORS GROUP, INC.	

Principal Place of Business 1919 VAN BUREN ST STE 508A HOLLYWOOD, FL 33020	Mailing Address 1919 VAN BUREN ST STE 508A HOLLYWOOD, FL 33020
--	--

20004000



2. Principal Place of Business 1926 HOLLYWOOD BLVD Suite, Apt. #, etc. # 311	3. Mailing Address Suite, Apt. #, etc.
City & State HOLLYWOOD FL.	City & State
Zip 33020	Country USA

07072005 Chg-P CR2E034 (10/03)

4. FEI Number 59-3777380	Applied For <input type="checkbox"/> Not Applicable
------------------------------------	--

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
---	---------------------------------------

6. Name and Address of Current Registered Agent GLEICHMANN, GUY 525 N OCEAN BLVD APT 917 POMPAÑO BEACH, FL 33062	
--	--

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$550.00
Due by September 7, 2005**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GLEICHMANN, GUY 525 N OCEAN BLVD APT 917 POMPAÑO BEACH, FL 33062 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input 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
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
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
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
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: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/12/05
Date

Daytime Phone #



ATTACHMENT

P840000021773

2006460

PLEASE ACCEPT MY INITIAL PAYMENT FOR THE ANNUAL REPORT OF \$150.⁰⁰, AS I NEVER RECEIVED YOUR ORIGINAL REQUEST FOR THE SAME IN THE MAIL. BEING A NEW CORPORATION I WAS UNAWARE OF THE REQUIREMENT, OR POSSIBLE PENALTY, AND DUE TO BEING A START UP COMPANY WE ARE VERY LIMITED IN FUNDS. I HUMBLY APOLOGIZE FOR OUR IGNORANCE OF THIS REQUIREMENT, AND GREATLY APPRECIATE YOUR CONSIDERATION OF OUR POSITION.

YOURS SINCERELY, GUY EICHMANN