


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2007 8:00 am
Secretary of State

04-16-2007 90056 031 ***150.00

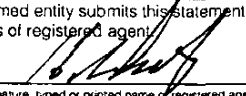
DOCUMENT # P04000077705	
1. Entity Name USP TRADING, INC.	

Principal Place of Business 816 SW 51ST TERR CAPE CORAL, FL 33914	Mailing Address 816 SW 51ST TERR CAPE CORAL, FL 33914
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2. Principal Place of Business - No P.O. Box # 4436 SW 15TH AVENUE	3. Mailing Address 4436 SW 15TH AVENUE
Suite, Apt. #, etc.	Suite, Apt. #, etc.

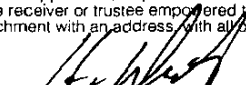
City & State CAPE CORAL, FL	City & State CAPE CORAL, FL
Zip 33914	Zip 33914
Country US	Country US

6. Name and Address of Current Registered Agent WRIGHT, CHRISTINE F ESQ. 4427 S.E. 16TH PLACE #2 CAPE CORAL, FL 33904	
7. Name and Address of New Registered Agent Name DIETZ, HEINZ Street Address (P.O. Box Number is Not Acceptable) 4436 SW 15TH AVENUE City CAPE CORAL FL Zip Code 33914	

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 	DATE 3-01-07
<small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	

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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST DIETZ, HEINZ 816 SW 51ST TERR CAPE CORAL, FL 33914 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST DIETZ, HEINZ 4436 SW 15TH AVENUE CAPE CORAL, FL 33914 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FRICKE, IRIS 816 SW 51ST TER CAPE CORAL, FL 33914 <input checked="" 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
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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 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: 	DATE 3-01-07
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	

40061644



03012007 Chg-P CR2E034 (12/06)

4. FEI Number
20-1183551

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

Name **DIETZ, HEINZ**
Street Address (P.O. Box Number is Not Acceptable)
4436 SW 15TH AVENUE
City **CAPE CORAL** **FL** Zip Code **33914**

3-01-07

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☒ Change ☐ Addition

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