

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

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

05-16-2007 90017 032 ***150.00



DOCUMENT # **PG4000142467**

1. Entity Name

USA COLLECTION SERVICES INC.

Principal Place of Business

**15715 S. DIXIE HWY
 223
 MIAMI FL 33157**

Mailing Address

**15715 S. DIXIE HWY
 223
 MIAMI FL 33157**



2. Principal Place of Business - No P.O. Box

**15715 S. Dixie Hwy
 Miami**

3. Mailing Address

232

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

FL 33157

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E034 (10/06)

4. FEI Number **20-1758206**

Applied For
 Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**CASTELLANOS, BARBARA
 15715 S. DIXIE HWY #232
 MIAMI FL 33157**

7. Name and Address of New Registered Agent

Name **BARBARA CASTELLANOS**

Street Address (P.O. Box Number is Not Acceptable)

15715 S. Dixie Hwy # 232

City **Miami**

FL Zip Code **33157**

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

B. Castellanos

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

04/14/2007

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	CASTELLANOS, BARBARA	<i>only me</i>
STREET ADDRESS	15715 S. DIXIE HWY #232	
CITY-ST-ZIP	MIAMI FL 33157	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	CASTELLANOS, ALEXANDER	
STREET ADDRESS	15715 S. DIXIE HWY #232	
CITY-ST-ZIP	MIAMI FL 33175	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CASTELLANOS BARBARA	
STREET ADDRESS	15715 S. DIXIE HWY # 232	
CITY-ST-ZIP	Miami FL 33157	
TITLE		<input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

B. Castellanos

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/26/2007

DATE

305-234-0085

DAYTIME PHONE #