

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P05000071529

1. Entity Name  
ALMASED USA, INC.



Principal Place of Business  
2861 34TH ST SOUTH  
ST PETERSBURG, FL 33711-3816

Mailing Address  
2861 34TH ST SOUTH  
ST PETERSBURG, FL 33711-3816

**FILED**  
**Sep 03, 2008 08:00 AM**  
**Secretary of State**



08272008 No Chg-P CR2E034 (11/05)

4. FEI Number  
76-0329306

Applied For  
Not Applicable

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

**DO NOT WRITE IN THIS SPACE**

**6. Name and Address of Current Registered Agent**

BUSH ROSS REGISTERED AGENT SERVICES, LLC  
1801 NORTH HIGHLAND AVENUE  
TAMPA, FL 33602

**DO NOT WRITE  
IN THIS SPACE**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$550.00**  
**Due by September 12, 2008**

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

**10. OFFICERS AND DIRECTORS**

TITLE	DPT
NAME	TROUILLE, ANDRE
STREET ADDRESS	2861 34TH STREET S
CITY - ST - ZIP	SAINT PETERSBURG, FL 33711
TITLE	VS
NAME	MUSKIN, VICKIE A
STREET ADDRESS	2861 34TH STREET S
CITY - ST - ZIP	SAINT PETERSBURG, FL 33711
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

U00000958975  
09/03/08-80011-014 550.00

**DO NOT WRITE  
IN THIS SPACE**

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:

*Vickie A. Muskin*

Vickie A. Muskin V.P.

8-27-08

727-867-4444

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

X 13