


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 09, 2007 8:00 am**  
**Secretary of State**

04-09-2007 90063 030 \*\*\*150.00

<b>DOCUMENT # P05000093751</b>					
<b>1. Entity Name</b> SCS USA COORDINATION INTERNATIONAL INC.					
<b>Principal Place of Business</b> 100 N BISCAYNE BLVD 500 MIAMI, FL 33132 US			<b>Mailing Address</b> 100 N BISCAYNE BLVD 500 MIAMI, FL 33132 US		
<b>2. Principal Place of Business - No P.O. Box #</b> 250 N Shores Drive		<b>3. Mailing Address</b> 250 N Shores Drive			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
<b>City &amp; State</b> Miami FL		<b>City &amp; State</b> Miami		<b>4. FEI Number</b> 34-2050883	
<b>Zip</b> 33141		<b>Country</b> USA		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b> SUREAU, OLIVIER 100 N BISCAYNE BLVD 500 MIAMI, FL 33132			<b>7. Name and Address of New Registered Agent</b> Name: Catherine Boris Street Address (P.O. Box Number is Not Acceptable): 250 N Shores Drive City: Miami FL Zip Code: 33141		
<b>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.</b>					
SIGNATURE: _____ (NOTE: Registered Agent signature required when reinstating.) DATE: _____					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007 Fee will be \$550.00</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE: P NAME: BORIS, CATHERINE STREET ADDRESS: 53 RUE GEORGE SOREL CITY-ST-ZIP: BOULOGNE, FR 92100	<input type="checkbox"/> Delete		TITLE: <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME: 250 N. Shores Drive STREET ADDRESS: Miami FL 33141 CITY-ST-ZIP:		
TITLE: VP NAME: LEROY, OLIVIER STREET ADDRESS: 910 BAY DRIVE CITY-ST-ZIP: MIAMI, FL 33141	<input checked="" type="checkbox"/> Delete		TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: STREET ADDRESS: CITY-ST-ZIP:		
TITLE: T NAME: CORDOVA, MARIA ISABEL STREET ADDRESS: 250 GALEN DRIVE SUITE 43 CITY-ST-ZIP: KEY BISCAYNE, FL 33149	<input checked="" type="checkbox"/> Delete		TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: STREET ADDRESS: CITY-ST-ZIP:		
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Delete		TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: STREET ADDRESS: CITY-ST-ZIP:		
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Delete		TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: STREET ADDRESS: CITY-ST-ZIP:		
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Delete		TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: STREET ADDRESS: CITY-ST-ZIP:		
<b>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.</b>					
<b>SIGNATURE:</b> _____			4/4/2007 786 267 3544		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		