

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000134516

Entity Name: US TRIM CORPORATION

FILED  
Apr 28, 2006  
Secretary of State

**Current Principal Place of Business:**

314 FLOYD AVE S  
LEHIGH ACRES, FL 33971

**New Principal Place of Business:**

**Current Mailing Address:**

314 FLOYD AVE S  
LEHIGH ACRES, FL 33971

**New Mailing Address:**

FEI Number: 20-3579989

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

TAX HOUSE CORPORATION  
1261 E SAMPLE RD  
POMPANO BEACH, FL 33064 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: UCLES, HENTZEL  
Address: 314 FLOYD AVE S  
City-St-Zip: LEHIGH ACRES, FL 33971

Title: VPD ( ) Delete  
Name: PINHEIRO, DEIVIS  
Address: 314 FLOYD AVE S  
City-St-Zip: LEHIGH ACRES, FL 33971

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: HENTZEL UCLES

PD

04/28/2006

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date