

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jun 06, 2007 8:00 am
Secretary of State

05-08-2007 90016 024 ***150.00

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1. Entity Name

USA INTERNATIONAL GROUP CORP.



Principal Place of Business
2918 W. GIDDENS AVE
TAMPA FL 33614

Mailing Address
2918 W. GIDDENS AVE
TAMPA FL 33614



1st MOORE CR2E034 (10/06)

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

1005 W. BUSCH BLVD -

Suite, Apt. #, etc.
SUITE 204

City & State
TAMPA, FL

Zip Country
33612 USA

3. Mailing Address:

1005 W. BUSCH BLVD

Suite, Apt. #, etc.
SUITE 204

City & State
TAMPA, FL

Zip Country
33612 USA

4. FEI Number

20-4777956

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

LUNA, ANA
2918 W. GIDDENS AVE
TAMPA FL 33614

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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 \$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 D ☐ Delete
NAME LUNA, ANA
STREET ADDRESS 2918 W. GIDDENS AVE
CITY- ST- ZIP TAMPA FL 33614

TITLE D ☐ Delete
NAME SIERRA, GERARDO
STREET ADDRESS 2918 W. GIDDENS AVE
CITY- ST- ZIP TAMPA FL 33614

TITLE D ☒ Delete
NAME TSOKOS, PETER
STREET ADDRESS 3104 W. WATERS AVE., SUITE 205B
CITY- ST- ZIP TAMPA FL 33614

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/24/07-