2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 06, 2007
Secretary of State

DOCUMENT# P06000054843

Entity Name: USA CONVENIENCE, INC.

Current Principal Place of Business:

19541 SR31
FT MYERS, FL 33917 US

New Principal Place of Business:

Current Mailing Address:

19541 SR31
FT MYERS, FL 33917 US

New Mailing Address:

FEI Number: 20-4708727 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

AZAD, MOHAMMAD M
17970 MURDOCK CIR
APT 103
PT. CHARLOTTE, FL 33948 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: D,P ( ) Delete
Name: AZAD, MOHAMMAD
Address: 17970 MURDOCK CIR APT 103
City-St-Zip: PT. CHARLOTTE, FL 33948 US

Title: VP ( ) Delete
Name: HAQUE, MOHAMMED
Address: 6211 42ND ST. E
City-St-Zip: BRADENTON, FL 34203 US

Title: T ( ) Delete
Name: SAPAN, HUMAUN KABIR
Address: 1248 SLASH PINE CIR #124
City-St-Zip: PUNTA GORDA, FL 33950 US

Title: S ( ) Delete
Name: HOSSAIN, KAZI MOHAMMED
Address: 5357 HAWKS LANDING DRIVE APT 304
City-St-Zip: FT. MYERS, FL 33907 US

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

Title: D ( ) Change (X) Addition
Name: AHMED, IMTIAZ
Address: 6054 JONATHAN AVE
City-St-Zip: FT. MYERS, FL 33905

I hereby certify that the information supplied with this filing does not qualify 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: MOHAMMAD M AZAD P 08/06/2007

Electronic Signature of Signing Officer or Director Date