

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000060726

FILED
Apr 03, 2009
Secretary of State

Entity Name: USA PROFESSIONAL SERVICES, CO.

Current Principal Place of Business:

6040 OAKBEND ST.
#13107
ORLANDO, FL 32835 US

Current Mailing Address:

6040 OAKBEND ST.
#13107
ORLANDO, FL 32835 US

New Principal Place of Business:

2343 S KIRKMAN RD
#341
ORLANDO, FL 32811 US

New Mailing Address:

2343 S KIRKMAN RD
#341
ORLANDO, FL 32811 US

FEI Number: 20-4791844

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SHOCKMEDIA CORPORATION
1650 SAND LAKE RD
110
ORLANDO, FL 32809 US

Name and Address of New Registered Agent:

TAX DIRECT
1650 SAND LAKE RD
110
ORLANDO, FL 32809 US

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: JOSE JARDIM JUNIOR

04/03/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: GONCALVES DEOLIVEIRA, ARLESON
Address: 6040 OAKBEND ST, #13107
City-St-Zip: ORLANDO, FL 32835 US

Title: S () Delete
Name: GONCALVES, CIRO A
Address: 6040 OAKBEND ST, #13107
City-St-Zip: ORLANDO, FL 32835 US

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: GONCALVES DEOLIVEIRA, ARLESON
Address: 2343 S KIRKMAN RD #341
City-St-Zip: ORLANDO, FL 32811 US

Title: VP (X) Change () Addition
Name: SA, RAFAELA
Address: 2343 S KIRKMAN RD #341
City-St-Zip: ORLANDO, FL 32811 US

Title: S () Change (X) Addition
Name: GONCALVES, CIRO A
Address: 2343 S KIRKMAN RD #341
City-St-Zip: ORLANDO, FL 32811 US

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: ARLESON GONCALVES DE OLIVEIRA

P

04/03/2009

Electronic Signature of Signing Officer or Director

Date