



# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 19, 2007 8:00 am**  
**Secretary of State**

04-19-2007 90216 012 \*\*\*150.00

<b>DOCUMENT # P06000067113</b> 1. Entity Name <b>SIGN USA INC</b>					
Principal Place of Business <b>2537 MANIKI DR WEST PALM BEACH, FL 33407</b>			Mailing Address <b>2537 MANIKI DR WEST PALM BEACH, FL 33407</b>		
2. Principal Place of Business - No P.O. Box # <b>901 S. MILITARY TRAIL</b> Suite, Apt. #, etc. <b>A-5</b> City & State <b>WEST PALM BEACH, FL.</b>		3. Mailing Address <b>901 S. MILITARY TRAIL</b> Suite, Apt. #, etc. <b>A-5</b> City & State <b>WEST PALM BEACH, FL.</b>		40071489    02282007    Chg-P    CR2E034 (12/06)	
Zip <b>33415</b> Country <b>USA</b>		Zip <b>33415</b> Country <b>USA</b>		4. FEI Number <b>68-0618239</b> Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				6. Name and Address of Current Registered Agent  <b>LUZURIAGA, JOCELYN 2537 MANIKI DR WEST PALM BEACH, FL 33407</b>	
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>				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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-registering)</small>	
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00!</b>		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		DATE _____	
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>LUZURIAGA, JEAN</b> <b>2537 MANIKI DR</b> <b>WEST PALM BEACH, FL 33407</b>			<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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, 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>SIGNATURE:</b> _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> <b>JEAN LUZURIAGA, PRES.</b>					
Date _____    Daytime Phone # _____					