

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P06000124548

1. Entity Name
U.S.A. FEDERAL PROTECTION SERVICES CORP



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

07 JAN -4 PM 1:05

Principal Place of Business

8035 SW 15 ST.
MIAMI, FL 33144

Mailing Address

8035 SW 15 ST.
MIAMI, FL 33144

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

3. Mailing Address

117 SW 15th

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Dania Beach FL

Zip

Country

Zip

Country

33004

Broward

01032007

Chg-P

CR2E034 (12/06)

4. FEI Number

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

VILLAR, JACOBO
8035 SW 15 ST.
MIAMI, FL 33144

Name
Nelson A Guzman

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

117 SW 15th

City
Dania Beach

FL

Zip Code

33004

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]

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

9. Election Campaign Financing
Trust Fund Contribution.

☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VD
GRIPZER, FRED
8035 SW 15 ST.
MIAMI, FL 33144 ☒ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
GUZMAN, NELSON A.
8035 SW 15 ST.
MIAMI, FL 33144 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
V-P
DSCAR, MANNY
117 SW 15th
Dania Beach FL 33004 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
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CITY-ST-ZIP
☐ Change ☐ Addition

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☐ Change ☐ Addition

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STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-3-07

Date

Daytime Phone #