


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 26, 2008 8:00 am**  
**Secretary of State**

03-26-2008 90027 003 \*\*\*150.00

<b>DOCUMENT # P06000156088</b> 1. Entity Name USIG PHOENIX, INC.					
Principal Place of Business 4613 NORTH UNIVERSITY DRIVE #414 CORAL SPRINGS, FL 33067 US				Mailing Address 4613 NORTH UNIVERSITY DRIVE #414 CORAL SPRINGS, FL 33067 US	
2. Principal Place of Business - No P.O. Box # <i>951 Broken Sand Pkwy</i> Suite, Apt. #, etc. <i>Suite 100</i> City & State <i>Boca Raton, FL</i> Zip <i>33431</i> Country <i>USA</i>		3. Mailing Address <i>690 Yamato Rd.</i> Suite, Apt. #, etc. <i>Suite 4-302</i> City & State <i>Boca Raton, FL</i> Zip <i>33431</i> Country <i>USA</i>		4. FEI Number 20-8123523 Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				03122008 Chg-P CR2E034 (12/06)	
6. Name and Address of Current Registered Agent B & C CORPORATE SERVICES, INC. 2 SOUTH BISCAVNE BOULEVARD ONE BISCAVNE TOWER, 21ST FLOOR MIAMI, FL 33131			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 reconstituting)</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2008 Fee will be \$550.00</b>		9. Election Campaign Financing <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DELUCA, BRUCE 4613 NORTH UNIVERSITY DRIVE, #414 CORAL SPRINGS, FL 33067		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <i>690 Yamato Rd, Ste 4-129</i> <i>Boca Raton, FL 33431</i>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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"/> 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"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		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 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: <i>BRUCE DELUCA</i> <span style="float: right;">3/21/08 561.962.0452</span> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					