

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 27, 2008 8:00 am
Secretary of State

02-27-2008 90008 045 ***150.00

DOCUMENT # P07000004988

1. Entity Name
USIG BOSTON, INC.



Principal Place of Business
4613 NO. UNIVERSITY DRIVE
#414
CORAL SPRINGS, FL 33067 US

Mailing Address
4613 NO. UNIVERSITY DRIVE
#414
CORAL SPRINGS, FL 33067 US

40000000



01232008 Chg-P CR2E034 (12/06)

2. Principal Place of Business - No P.O. Box #
20 Townsend Rd
Suite, Apt. #, etc.

3. Mailing Address
690 Yamato Road
Suite, Apt. #, etc.
Suite 4-302

City & State
Attleboro, MA

City & State
Boca Raton, FL

Zip
02703

Country
USA

Zip
33431

Country
USA

4. FEI Number
20-8311206

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

B & C CORPORATE SERVICES, INC.
2 SO. BISCAYNE BOULEVARD
ONE BISCAYNE 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 FL Zip Code

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, 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, 2008 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

D
DELUCA, BRUCE
4613 NO. UNIVERSITY DRIVE, #414
CORAL SPRINGS, FL 33067

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

690 Yamato Rd, Ste 4-129
Boca Raton, FL 33431

☒ Change ☐ Addition

TITLE
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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/22/08