

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P10000101343

1. Entity Name
TIGER FORCE USA INC



FILED

2012 JUN -4 PM 2:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

2940-3 WALPEAR ST.
FORT MYERS, FL 33916 US

Mailing Address

2940-3 WALPEAR ST.
FORT MYERS, FL 33916 US

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

3361 NE 13th AVE

3. Mailing Address

3361 NE 13th AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

05092012

Chg-P

CR2E034 (12/11)



City & State

Pompano beach / FL

City & State

Pompano bch / FL

Zip
33064

Country
US

Zip
33064

Country
US

4. FEI Number

27-4478177

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

LINS, PAULO
2940-3 WALPEAR ST.
FORT MYERS, FL 33916

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 \$550.00
Due by September 28, 2012**

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
P
LINS, PAULO
2940-3 WALPEAR ST.
FORT MYERS, FL 33916

TITLE
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CITY - ST - ZIP
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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
President
Paulo Lins
3361 NE 13th AVE
Pompano bch / FL / 33064
☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
000235882620
06/04/12--01051--006 **150.00
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☐ 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

E-MAIL ADDRESS

5/31/12

paolo@uspaovers.com