


**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 10, 2007 08:00 A**  
**Secretary of State**

<b>DOCUMENT # P93000009499</b> 1.-Entity Name U.S. INVESTMENT & BUSINESS DEVELOPMENT CORP.	
--	---

Principal Place of Business 2200 S OCEAN LANE SUITE 2105 FT LAUDERDALE, FL 33316	Mailing Address 2200 S OCEAN LANE SUITE 2105 FT LAUDERDALE, FL 33316
---	---



04022007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 65-0385890	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  CUCULIZA, SERGIO 2200 S OCEAN LANE SUITE 2105 FT LAUDERDALE, FL 33316
---

**DO NOT WRITE  
IN THIS SPACE**

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.

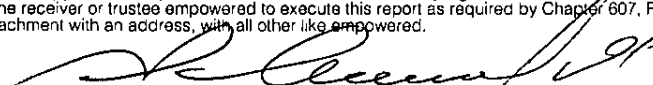
SIGNATURE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE -

<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</b> May Be Added to Fees
---	---

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CUCULIZA, SERGIO 2200 SOUTH OCEAN LN APT 2105 FORT LAUDERDALE, FL 33316
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TS CUCULIZA JR., SERGIO 4750 NE 29TH AVE FORT LAUDERDALE, FL 33308
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP CUCULIZA, SANDRA 2200 SOUTH OCEAN LN APT 2105 FORT LAUDERDALE, FL 33316
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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:**  **4/05/07** **954-463 4378**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #