

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 29, 2004 8:00 am
Secretary of State

01-29-2004 90097 040 ***150.00

DOCUMENT # P93000071288

1. Entity Name
U.S.A. SALES OF FLORIDA, INC.



Principal Place of Business
**20 S.W. 4TH STREET
DANIA, FL 33004**

Mailing Address
**20 S.W. 4TH STREET
DANIA, FL 33004**

94006711



2. Principal Place of Business

3. Mailing Address

P.O. Box 22-170

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Hollywood, FL

Zip

Country

Zip

Country

33022

US

01272004

Chg-P

CR2E034 (10/03)

4. FEI Number

65-0460016

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

**JOHNSON, CHARLOTTE A
20 S.W. 4TH STREET
DANIA, FL 33004**

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

Charlotte A. Johnson

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

1/27/04

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 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
**DVP
JOHNSON, MARK K
302 SE 3RD PLACE
DANIA, FL** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DVP
Johnson, Mark K
6920 S.W. 55th St.
Dania, FL 33314** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DP
JOHNSON, CHARLOTTE A
20 S.W. 4TH STREET
DANIA, FL** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DP
JOHNSON, CHARLOTTE A
20 S.W. 4TH STREET
DANIA, FL** ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DP
JOHNSON, CHARLOTTE A
20 S.W. 4TH STREET
DANIA, FL** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DP
JOHNSON, CHARLOTTE A
20 S.W. 4TH STREET
DANIA, FL** ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DP
JOHNSON, CHARLOTTE A
20 S.W. 4TH STREET
DANIA, FL** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DP
JOHNSON, CHARLOTTE A
20 S.W. 4TH STREET
DANIA, FL** ☐ Change ☐ Addition

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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: *Charlotte A. Johnson* **CHARLOTTE A. JOHNSON** **1/27/04**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #