

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P93000086507

1. Entity Name
PHIL-USA TRANSFER INT'L, INC.



Principal Place of Business
20832 CEDAR BLUFF PL
LAND O LAKES, FL 34638 US

Mailing Address
20832 CEDAR BLUFF PL
LAND O LAKES, FL 34638 US

FILED
Sep 12, 2008 08:00 AM
Secretary of State



05222008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3217077

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

BILBAO, EDGARDO A
20832 CEDAR BLUFF PL
LAND O LAKES, FL 34632

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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

000000959600
09/12/08-207013-011 158.75

**FILE NOW!!! FEE IS \$150.00
Due by September 12, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	BILBAO, EDGARDO A
STREET ADDRESS	4515 W. HANNA AVE.
CITY-ST-ZIP	TAMPA, FL 33614
TITLE	D
NAME	KENYON, LEE
STREET ADDRESS	11211 THICKET COURT
CITY-ST-ZIP	TAMPA, FL 33624
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #