


2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P97000002110		
1. Entity Name USC HOLDINGS INC.		
Principal Place of Business 8190 SW 78 STREET MIAMI, FL 33143 US	Mailing Address 8190 SW 78 STREET MIAMI, FL 33143 US	

FILED

09 JAN -5 PM 4:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



01192008 No Chg-P CR2E034 (11/05)

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4. FEI Number 65-0752751	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

REYES, ABRAHAM E
8190 SW 78 STREET
MIAMI, FL 33143

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

**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	P REYES, ABRAHAM E 8190 SW 78 STREET MIAMI, FL 33143
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12/04/08--01016--002 **150.00

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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

11/1/08 ✓
Date

Daytime Phone #