

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 28, 2004 8:00 am**  
**Secretary of State**

04-28-2004 90205 018 \*\*\*150.00

**DOCUMENT # P97000062129**

1. Entity Name  
US COMMUNICATIONS, INC.



Principal Place of Business  
195-D NORTH FEDERAL HWY  
FORT LAUDERDALE, FL 33301

Mailing Address  
195-D NORTH FEDERAL HWY  
FORT LAUDERDALE, FL 33301



04212004 No Chg-P CR2E034 (10/03)

4. FEI Number  
65-0771409

Applied For  
Not Applicable

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

**DO NOT WRITE IN THIS SPACE**

**6. Name and Address of Current Registered Agent**

GLAUSER, STUART H  
12910 SW 84 STREET  
MIAMI, FL 33183

**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

**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**

TITLE: D  
NAME: STRUM, DAVID  
STREET ADDRESS: 195-D NORTH FEDERAL HWY  
CITY-ST-ZIP: FORT LAUDERDALE, FL 33301

TITLE:  
NAME:  
STREET ADDRESS:  
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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 exemption stated in Section 119.07(3)(i), 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 #

4/28/04 914-767-0997