

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2008 8:00 am
Secretary of State

04-24-2008 90114 023 ***150.00

DOCUMENT # P99000015462

1. Entity Name
U.S. CONNECTION SERVICES & DISTRIBUTOR, INC.



Principal Place of Business
11677 NW 11TH STREET
PEMBROKE PINES, FL 33026

Mailing Address
11677 NW 11TH STREET
PEMBROKE PINES, FL 33026

40080125



2. Principal Place of Business - No P.O. Box #
2031 RENAISSANCE BLVD
Suite, Apt. #, etc.
BLDG 7 SUITE 207
City & State
MIRAMAR - FL
Zip
33025 Country
BROWARD

3. Mailing Address
2031 RENAISSANCE BLVD
Suite, Apt. #, etc.
BLDG 7 SUITE 207
City & State
MIRAMAR - FL
Zip
33025 Country
BROWARD

04212008 Chg-P CR2E034 (12/06)

4. FEI Number
65-0929560 Applied For
Not Applicable

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

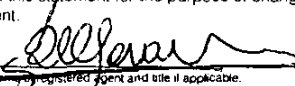
6. Name and Address of Current Registered Agent

MORAES, ALESSANDRO C
11677 NW 11TH STREET
PEMBROKE PINES, FL 33026

7. Name and Address of New Registered Agent

Name
MORAES, ALESSANDRO C
Street Address (P.O. Box Number is Not Acceptable)
2031 RENAISSANCE BLVD - BLDG 7 SUITE 207
City
MIRAMAR FL Zip Code
33025

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
4/21/2008

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
PD
MORAES, ROBERTO C
11677 NW 11TH STREET
PEMBROKE PINES, FL 33026 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
VP
MORAES, ALESSANDRO C
11677 NW 11TH STREET
PEMBROKE PINES, FL 33026 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
T
MORAES, SANCLER C
11677 NW 11TH STREET
PEMBROKE PINES, FL 33026 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
PD
MORAES, ROBERTO C
2031 RENAISSANCE BLVD. BLDG 7 SUITE 207
MIRAMAR - FL - 33025 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
VP
MORAES, ALESSANDRO C
2031 RENAISSANCE BLVD. BLDG 7 SUITE 207
MIRAMAR - FL - 33025 ☒ Change ☐ Addition

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MORAES, SANCLER C
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MIRAMAR - FL - 33025 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition

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CITY - ST - ZIP
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TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition

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:  - PRESIDENT ROBERTO MORAES 4/21/2008 305-5134090
Signature and typed or printed name of signing officer or director Date Daytime Phone #