


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2004 8:00 am
Secretary of State

04-12-2004 90261 010 ***150.00

DOCUMENT # P99000074207	
1. Entity Name U.S. INSTALLATION GROUP INC.	

Principal Place of Business 2258 NW 30TH PLACE POMPAÑO BEACH, FL 33069	Mailing Address 2258 NW 30TH PLACE POMPAÑO BEACH, FL 33069
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44026041



2. Principal Place of Business 6101 NW 31 STREET Suite, Apt. #, etc.	3. Mailing Address 7667 W. SAMPLE ROAD Suite, Apt. #, etc. # 287
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02022004 Chg-P CR2E034 (10/03)

City & State MARGATE, FL	City & State CORAL SPRINGS, FL
Zip 33063	Zip 33065
Country USA	Country USA

4. FEI Number 65-0974948	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent DELUCA, BRUCE 2258 NW 30TH PLACE POMPAÑO BEACH, FL 33069	
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7. Name and Address of New Registered Agent Name BRUCE DELUCA Street Address (P.O. Box Number is Not Acceptable) 19646 BISCAYNE BAY DRIVE City BOCA RATON FL Zip Code 33498	
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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 _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P DELUCA, BRUCE 19646 BISCAYNE BAY DRIVE BOCA RATON, FL 33498 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: BIL R 02/17/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #