

**2023 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P20000002748

**Entity Name:** USA PROFESSIONAL SOLUTIONS INC

**Current Principal Place of Business:**

3029 NE 188TH ST  
APT 507  
MIAMI , FL 33180

**Current Mailing Address:**

3029 NE 188TH ST  
APT 507  
MIAMI, FL 33180 US

**FEI Number:** 84-4304613

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

TRIGER, BENJAMIN  
3029 NE 188TH ST  
APT 507  
MIAMI, FL 33180 US

*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.*

**SIGNATURE:** \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**Officer/Director Detail :**

Title P  
Name TRIGER, BENJAMIN  
Address 3029 NE 188TH ST  
APT 507  
City-State-Zip: MIAMI FL 33180

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** BENJAMIN TRIGER

**OWNER**

**01/19/2023**

\_\_\_\_\_ Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_ Date