2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED May 02, 2006 8:00 am Secretary of State

1. Entity Nam	MENT # 500901 DUSTRIAL CO., INC.			Secretary of State 05-02-2006 90234 035 ***150.00				
Principal Place of Business 1791 BLOUNT ROAD STE 1006 POMPANO BCH., FL 33069-5117 US		Mailing Address 1791 BLOUNT ROAD STE 1006 POMPANO BCH., FL 33069-5117 US			ERIA ERINA SERI ERINLI IZI		61 S.C. 251	IOL II 1818
2. Principal Place of Business		3. Mailing Address						
Suite, Apt. #, otc.		Sulte, Apt. #, etc.		02032006	Chg-P	CR2E034		
City & State	-	Scity & State		4. FEI Numb 59-165				plied For t Applicable
Zip	Country	25000	Country USA	5. Certificate	of Status Desired		3.75 Add 9 Required	
6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent								
KOKKOBI	S. KONSTANTINE	Name						
1791 BLO	UNT ROAD, SUITE 1006 D BEACH, FL 33069	Street Address	Street Address (P.O. Box Number is Not Acceptable)					
	Š		Clty			FL	Zip Code	
8 The should	named anth-raybrita this statement to	s the purpose of changing Ita	rapiditared office or replat	acad occast as be	th in the Cinte of Ele	1	·	
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								
FILE NOWILL FEE to \$150.00 After May 1, 2006 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees								
10.	OFFICERS AND DIRECTORS		11.	ADDITIONS	CHANGES TO OFF	ICERS AND DI	RECTORS	S IN 11
NAME STREET ADDRESS CITY-ST-ZIP	PVD KOKKORIS, KONSTANTINE 1791 BLOUNT RD. #1008 POMPANO BEACH, FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP] Change	Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP] Change	Addition
12. I hereby certify that the information supplied with this filling 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 of true expression of the receiver of true expression block 10 or Block 11 if changed, or on an attachmental true and track that my name appears in Block 10 or Block 11 if changed, or on an attachmental true in the analysis of the corporation of the corporation of the receiver of true to provide the corporation of the receiver of true to provide the corporation of the corporation of the receiver of true to provide the corporation of the corpo								