## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## **DOCUMENT# 621978**

FILED Jan 14, 2005 Secretary of State

Entity Name: AMERICAN HERMETICS OF LOUISIANA, INC.

Current Principal Place of Business:		New Principal Place	New Principal Place of Business:	
5616 SALMEN ST. SUITE A HARAHAN, LA 70123	3 US			
Current Mailing Address:		New Mailing Address	New Mailing Address:	
5616 SALMEN ST. SUITE A HARAHAN, LA 70123	3 US			
FEI Number: 59-1914497	FEI Number Applied For ( )	FEI Number Not Applicable ( )	Certificate of Status Desired ( )	
Name and Address of Current Registered Agent:		Name and Address o	Name and Address of New Registered Agent:	
CT CORP SYSTEM	SI AND RD			
1200 SOUTH PINE IS PLANTATION, FL 33	324 US	ourpose of changing its registered	d office or registered agent, or both,	
1200 SOUTH PINE IS PLANTATION, FL 33	324 US tity submits this statement for the p	ourpose of changing its registered	d office or registered agent, or both,	
1200 SOUTH PINE IS PLANTATION, FL 33  The above named enting the State of Florida.  SIGNATURE:	324 US tity submits this statement for the p			
1200 SOUTH PINE IS PLANTATION, FL 33 The above named ent in the State of Florida. SIGNATURE: Elec	324 US tity submits this statement for the p		d office or registered agent, or both,  Date	
1200 SOUTH PINE IS PLANTATION, FL 33 The above named ent in the State of Florida. SIGNATURE: Elec	324 US tity submits this statement for the particle. tronic Signature of Registered Agencing Trust Fund Contribution ( ).	ent		
1200 SOUTH PINE IS PLANTATION, FL 33 The above named ent in the State of Florida.  SIGNATURE:  Elec  Election Campaign Finan  OFFICERS AND DIR  Title:  PD  Name:  DUBRICA,	tity submits this statement for the particle submits this statement for the particle submits this statement for the particle submits the statement for the particle statement for the p	ent  ADDITIONS/CHANGE	Date	

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: JAMES DUBROCA PD 01/14/2005