


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 26, 2005 08:00 AM**  
**Secretary of State**


DOCUMENT # P04013  
 1. Entity Name  
 ALMYRA COMPANY N.V., INC.



Principal Place of Business  
 200 SOUTH BISCAYNE BLVD.  
 STE. 4000  
 MIAMI, FL 33131-2398 US

Mailing Address  
 200 SOUTH BISCAYNE BLVD.  
 STE. 4000  
 MIAMI, FL 33131-2398 US

**DO NOT WRITE IN THIS SPACE**



04182005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-2471378	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

CORPORATE INTERNATIONAL REG. AGENTS, INC.  
 200 SOUTH BISCAYNE BLVD.  
 STE.4000  
 MIAMI, FL 33131-2398

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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, 2005 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	V DE ARMAS, OSVALDO % M. GUZMAN, 11211 PROSPERITY FARMS RD,102 PALM BCH GARDENS, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP MIRANDA, MARIO JOAQUIN AZUCARERA EL PALMAR, APARTADO 1518-1000 SAN JOSE, CO
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS MIRANDA, CARLOS E. AZUCARERA EL PALMAR, APTDO. 1518-1000 SAN JOSE, CO
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVT MIRANDA, JORGE RODOLFO AZUCARERA EL PALMAR, APTDO. 1518-1000 SAN JOSE, CO
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

UN0000332007  
 04/26/05-80041-018 150.00

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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: OSWALDO DE ARMAS OSWALDO DE ARMAS 4/18/05 (561)9851253  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #