

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 26, 2005 8:00 am**  
**Secretary of State**

01-26-2005 90026 016 \*\*\*150.00

**DOCUMENT # P01000043390**

1. Entity Name  
**KOENPACK USA, INC.**



Principal Place of Business  
**10485 NW 28TH STREET  
MIAMI, FL 33172**

Mailing Address  
**10485 NW 28TH STREET  
MIAMI, FL 33172**

**50006885**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01062005

Chg-P

CR2E034 (10/03)

City & State

City & State

4. FEI Number

**65-1119916**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**MORREN, JAN F  
1531 NW 63RD STREET  
FT LAUDERDALE, FL 33334**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(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 **D** ☐ Delete  
NAME **BROEKHUIZEN, KOENRAAD J**  
STREET ADDRESS **LEGMEERDIJK 81**  
CITY-ST-ZIP **AMSTELVEEN, NL 1187 NT**

TITLE **D** ☒ Delete  
NAME **BIJLEVELD, ALBERT J**  
STREET ADDRESS **8396 NW 195 TH TERRACE**  
CITY-ST-ZIP **MIAMI, FL 33015**

TITLE **D** ☒ Delete  
NAME **JONKMAN, DANIELLE W.**  
STREET ADDRESS **8396 NW 195TH TERRACE**  
CITY-ST-ZIP **MIAMI, FL 33015**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☒ Change ☐ Addition  
NAME **Bijleveld, Albert J**  
STREET ADDRESS **C. van Boskhuizenlaan 19**  
CITY-ST-ZIP **Oudekerk ald A. NL 1191 SE**

TITLE **D** ☒ Change ☐ Addition  
NAME **Jonkman, Danielle W**  
STREET ADDRESS **C. van Boskhuizenlaan 19**  
CITY-ST-ZIP **Oudekerk ald A. NL 1191 SE**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Albert-Jan Bijleveld*

*21 january 2005*

*305 513 3375*

Date

Daytime Phone #