2006 FOR PROFIT CORPORATION

FILED Apr 24, 2006 08:00 AN Secretary of State

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1. Entity Name

HORACIO O. FERREA NORTH AMERICA DIVISION INC.



Principal Place of Business

Mailing Address

2600 N.W. 55TH COURT, SUITE 234 FT LAUDERDALE, FL 33309

2600 N.W. 55TH COURT, SUITE 234 FT LAUDERDALE, FL 33309



DO NOT WRITE IN THIS SPACE

SIGNATURE AND TYPED OR PRINTED HAVE OF SIGNING OFFICE

04182006 No Chg-P CR2E034 (11/05)

Applied For 4. FEI Number 59-1868150 Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

URRUTIA, DANIEL 14991 HORSESHOE TRACE WELLINGTON, FL 33414

SIGNATURE:

DO NOT WRITE IN THIS SPACE

		,								
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, 2006 Fee will be \$550.00		Election Campaign Financ Trust Fund Contribution.	ing 🛘	\$5.00 May Be Added to Fees						
10.	OFFICERS AND DIREC	TORS	· · · · · · · · · · · · · · · · · · ·							
TITLE NAME STREET ADDRESS CITY+ST-ZIP	D FERREA, HORACIO O 5320 N E 17TH TERRACE FT LAUDERDALE, FL	·			U00000525076 05/04/06-80016-012 150.00					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DEFERREA, MIRTA E U 5320 N E 17TH TERRACE FT LAUDERDALE, FL				03,0,000 00010 012 100100					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD URRUTIA, DANIEL 14991 HORSESHOE TRACE WELLINGTON, FL		DO NOT WRITE							
NAME STREET ADDRESS CITY-ST-ZIP				IN '	THIS SPACE					
TITLE NAME STREET ADDRESS CITY-ST-ZIP										
TITLE				•						
NAME		ł								
STREET ADDRESS										
CITY+ST-ZIP		<u></u>								
12. Thereby certify that the information supplied with this filing 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 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.										