

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 22, 2005 8:00 am**  
**Secretary of State**

04-22-2005 90259 044 \*\*\*150.00

**DOCUMENT # 855088**

1. Entity Name

FAG INTERAMERICANA A.G., INC.



Principal Place of Business

11511 INTTERCHANGE CIRCLE  
SOUTH MIRAMAR, FL 33025

Mailing Address

PO BOX 1932  
DANBURY, CT 06813-1932

20040708



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03112005

Chg-P

CR2E034 (10/03)

City & State

City & State

4. FEI Number

59-2247941

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

7. Name and Address of New Registered Agent

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324

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 S ☒ Delete  
NAME LUTRINGER, RICHARD E  
STREET ADDRESS 101 COMPO ROAD S  
CITY-ST-ZIP WESTPORT, CT 068805007

TITLE T ☐ Delete  
NAME SULLIVAN, JOANN  
STREET ADDRESS 48 STONECREST RD.  
CITY-ST-ZIP RIDGEFIELD, CT 06877

TITLE PD ☒ Delete  
NAME HEINZ DIETER, KUTEMEIER  
STREET ADDRESS 146 MILL ROAD  
CITY-ST-ZIP STAMFORD, CT 06903

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 S/D ☐ Change ☒ Addition  
NAME Steven Crow  
STREET ADDRESS 1935 Oriole Ave.  
CITY-ST-ZIP Charlotte NC 28283

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

TITLE P/D ☐ Change ☒ Addition  
NAME Claus Bauer  
STREET ADDRESS 6932 Elmstone Drive  
CITY-ST-ZIP Charlotte NC 28217

TITLE D ☐ Change ☒ Addition  
NAME Bruce Warmbold  
STREET ADDRESS 1837 Balmoral Circle  
CITY-ST-ZIP Charlotte NC 28210

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:

*Joann Sullivan* Joann Sullivan

4/12/2005

(203) 830-8204

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #