

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 25, 2006 08:00 AM**  
**Secretary of State**

DOCUMENT # F01000005425

1. Entity Name  
NPA-INDUSTRIE CORPORATION



Principal Place of Business  
1200 SE RANCH ROAD  
JUPITER, FL 33478 US

Mailing Address  
1200 SE RANCH ROAD  
JUPITER, FL 33478 US



01162006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
98-0365363

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

**6. Name and Address of Current Registered Agent**

AXMAN, MICHAEL  
2601 SOUTH BISCAYNE DR., STE 1600  
MIAMI, FL 33133-6

**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**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

000000400305  
02/01/06-90047-020-150.00

**10. OFFICERS AND DIRECTORS**

TITLE	PCD
NAME	PHAL, ANNE C
STREET ADDRESS	201 CRANDON BLVD., #210
CITY- ST- ZIP	KEY BISCAYNE, FL
TITLE	VD
NAME	PHAL, NORBERT
STREET ADDRESS	1200 SE RANDH ROAD
CITY- ST- ZIP	JUPITER, FL
TITLE	S
NAME	PAUTASSO, JOCELYNE
STREET ADDRESS	ALLEE FRANCOIS COLI-PARC D'ACTIVITE DELA
CITY- ST- ZIP	MANDELIEU FRANCE,
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby 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

SIGNATURE:

NORBERT PHAL VTD. 1/22/2006 561.746.8959

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #