

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 29, 2006 08:00 AM
Secretary of State

DOCUMENT # F04000002174

1. Entity Name
HESFIBEL USA, INC.



Principal Place of Business

4065 NORTH HAVERHILL ROAD, SUITE B3-300
WEST PALM BEACH, FL 33417

Mailing Address

4065 NORTH HAVERHILL ROAD, SUITE B3-300
WEST PALM BEACH, FL 33417



03232006 No Chg-P CR2E034 (11/05)

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4. FEI Number
05-0562513

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

KLEPEC, DUSAN
3188 SANTA MARGARITA ROAD
WEST PALM BEACH, FL 33411

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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

10. OFFICERS AND DIRECTORS

| | |
|----------------|---------------------------|
| TITLE | DV |
| NAME | BAYRAKTER, OSMAN |
| STREET ADDRESS | HACILAR YOLU, 8.KM. |
| CITY-ST-ZIP | 38210 KAYSERİ, TURKEY, |
| TITLE | PST |
| NAME | KLEPEC, DUSAN |
| STREET ADDRESS | 3188 SANTA MARGARITA ROAD |
| CITY-ST-ZIP | WEST PALM BEACH, FL 33411 |
| TITLE | V |
| NAME | BUYUKMIHICI, IHSAN |
| STREET ADDRESS | HACILAR YOLU, 8.KM. |
| CITY-ST-ZIP | 38210 KAYSERİ, TURKEY, |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
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| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

05/23/06 (561) 712-5791