

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 04, 2006 8:00 am**  
**Secretary of State**

05-04-2006 90239 042 \*\*\*150.00

**DOCUMENT # F05000001621**

1. Entity Name

TERMOPAC INTERNATIONAL INC.



Principal Place of Business

505 PARK AVENUE  
C/O LOEB BLOCK & PARTNERS LLP  
NEW YORK, NY 10022

Mailing Address

505 PARK AVENUE  
C/O LOEB BLOCK & PARTNERS LLP  
NEW YORK, NY 10022

40004000



**DO NOT WRITE IN THIS SPACE**

04042006 No Chg-P CR2E034 (11/05)

4. FEI Number

76-0742248

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301-2525

**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

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
DP  
DIAZ, MANUEL V  
505 PARK AVENUE  
NEW YORK, NY 10022

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
DS  
CANTISANO, FERNANDO  
505 PARK AVENUE  
NEW YORK, NY 10022

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
V  
DIEZ, MARCO  
505 PARK AVENUE  
NEW YORK, NY 10022

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Fernando Cantisano*

4/17/06

Date

Daytime Phone #