

2005

ANNUAL REPORT (AR)

FILED
Mar 08, 2005 8:00 am
Secretary of State

03-08-2005 90028 012 ****50.00

DOCUMENT # F09000000051

1. Entity Name

FLORESPA (USA) INC.



Principal Place of Business

802 WEST STREET
WILMINGTON DE 19801

Mailing Address

802 WEST STREET
WILMINGTON DE 19801

2. Principal Place of Business

4820 Province Line Rd
Suite, Apt. #, etc.

3. Mailing Address

4820 Province Line Rd
Suite, Apt. #, etc.

1st MOORE

CR2E083 (10/04)

City & State

Princeton, N.J.

City & State

Princeton, N.J.

4. FEI Number

52-2008637

Applied For

Not Applicable

Zip

08540

Country

USA

Zip

08540

Country

USA

5. Certificate of Status Desired ☐\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

MCLAUGHLIN, GEORGE H II
 2605 N.W. 75TH AVENUE
 MISTY DEPT.
 MIAMI FL 33122

7. Name and Address of New Registered Agent

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

George H. McLaughlin II
 (George H. McLaughlin II)

2/15/05

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00

Make Check Payable to Florida Department of State

Due By May 1, 2005

9. MANAGING MEMBERS/MANAGERS

TITLE DP ☐ Delete
 NAME JORGE ENRIQUE HIDALGO CAPELLO
 STREET ADDRESS JUAN DE VELASCO 129
 CITY-ST-ZIP QUITO, ECUADOR

TITLE DST ☐ Delete
 NAME MCLAUGHLIN, GEORGE H 2ND
 STREET ADDRESS 4820 PROVINCE LINE RD.
 CITY-ST-ZIP PRINCETON NJ 08540

TITLE D ☐ Delete
 NAME CORNEJO, DR. CARLOS
 STREET ADDRESS JUAN DE VELASCO 129
 CITY-ST-ZIP QUITO, ECUADOR

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition

NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

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TITLE ☐ Change ☐ Addition

NAME
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 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
 STREET ADDRESS
 CITY-ST-ZIP

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE

George H. McLaughlin II
 George H. McLaughlin II - Vic Pres

2/17/05

609-529
0804

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #