


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jul 06, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # F84418</b> 1. Entity Name <b>PASSINA PRODUCTS USA, INC.</b>	
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Principal Place of Business <b>2111 W. SWANN AVENUE SUITE 203 TAMPA, FL 33606 US</b>	Mailing Address <b>P.O. BOX 20306 TAMPA, FL 33622 US</b>
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06272005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>59-2202168</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
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**6. Name and Address of Current Registered Agent**

<b>HOUWELING, MILAN A 2111 W. SWANN AVENUE SUITE 203 TAMPA, FL 33606</b>
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**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 reappointing)

DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$550.00  
Due by September 7, 2005**

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	<b>D BARTH, R. ALEXANDER H.WEIERWEG 6 ROTHRIST, SW</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>DP HOUWELING, AART 2111 W. SWANN AVENUE, SUITE 203 TAMPA, FL 33606</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>DST HOUWELING, MILAN A 2111 W. SWANN AVENUE, SUITE 203 TAMPA, FL 33634</b>
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 exemption stated in Section 119.07(3)(f), 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

**MILAN Houweling**

**07-01-05**

Date

**813-250-0560**

Daytime Phone #