

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F93000004054

FILED  
Jan 22, 2009  
Secretary of State

Entity Name: CITROSUCO NORTH AMERICA, INC.

## Current Principal Place of Business:

5937 HWY 60 E  
LAKE WALES, FL 33898

## New Principal Place of Business:

## Current Mailing Address:

P.O. BOX 3950  
LAKE WALES, FL 338593950

## New Mailing Address:

FEI Number: 51-0272828

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

MANN, JOHN  
105 S. FLORIDA AVE.  
3RD FLOOR C.V. MCCLURG BLDG.  
LAKELAND, FL 33801 US

## Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: SCHLEIFER, HARRY  
Address: ABC-STRABE 44, 20354 HAMBURG  
City-St-Zip: GERMANY,

Title: D ( ) Delete  
Name: DO ROSARIO FISCHER, MARIA  
Address: AV. VIERA, SOUTO 620-1101  
City-St-Zip: RIO DE JANEIRO, BR 2242-000

Title: ST ( ) Delete  
Name: HELMS, DENNIS J  
Address: V-5 COUNTRY CLUB VILLAGE  
City-St-Zip: LAKE WALES, FL 33853

Title: P ( ) Delete  
Name: EMANUEL, NICK  
Address: NIBBLICK CIRCLE  
City-St-Zip: WINTER HAVEN, FL 33884

Title: VP ( ) Delete  
Name: NICOL, DOUG  
Address: 145 COUNTRYSIDE LN  
City-St-Zip: BEAR, DE 19701

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ST (X) Change ( ) Addition  
Name: HELMS, DENNIS J  
Address: 9058 LAUREL RIDGE DRIVE  
City-St-Zip: MOUNT DORA, FL 32757

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: D ( ) Change (X) Addition  
Name: CUBERO, TALES  
Address: AV. PASTEUR, 110/10 FLOOR  
City-St-Zip: RIO DE JANEIRO, BR 22290-240

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DENNIS HELMS

ST

01/22/2009

Electronic Signature of Signing Officer or Director

Date