

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 12, 2004 8:00 am**  
**Secretary of State**

04-12-2004 90311 003 \*\*\*150.00

**DOCUMENT # F94000004594**

1. Entity Name  
**EKMAN & CO INC.**



Principal Place of Business  
**200 S. BISCAYNE BLVD., STE. 3850  
MIAMI, FL 33131**

Mailing Address  
**200 S. BISCAYNE BLVD., STE. 3850  
MIAMI, FL 33131**

**94049799**



2. Principal Place of Business

3. Mailing Address

03232004 Chg-P CR2E034 (10/03)

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number  
**13-3250392**

Applied For  
Not Applicable

Zip Country

Zip Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**THE PRENTICE-HALL CORPORATION SYSTEM, INC.  
1201 HAYS ST., STE. 105  
TALLAHASSEE, FL 32301**

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

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, 2004 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **DP** ☐ Delete  
NAME **SVENSSON, JAN**  
STREET ADDRESS **200 S. BISCAYNE BLVD., STE. 4400**  
CITY-STATE-ZIP **MIAMI, FL 33131**

TITLE **T** ☐ Delete  
NAME **COOPER, NEIL**  
STREET ADDRESS **200 S. BISCAYNE BLVD., STE. 4400**  
CITY-STATE-ZIP **MIAMI, FL 33131**

TITLE **CFO** ☒ Delete  
NAME **PETTERSSON, LARS**  
STREET ADDRESS **200 S. BISCAYNE BLVD., STE. 4400**  
CITY-STATE-ZIP **MIAMI, FL 33131**

TITLE **D** ☐ Delete  
NAME **LARS, APPLIGREN**  
STREET ADDRESS **PO BOX 230, S-40123**  
CITY-STATE-ZIP **GOTHENBURG, SW**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE ☐ Change ☒ Addition

NAME **Director**  
STREET ADDRESS **Hans Tidebrant**  
CITY-STATE-ZIP **200 S. Biscayne Blvd, Ste 4400**  
**MIAMI, FL 33131**

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-STATE-ZIP

12. 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 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 another life empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*Neilsen* **Neilsen** **Treasurer** **305-579-7200**