

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 09, 2006 8:00 am
Secretary of State

02-09-2006 90031 048 ***150.00

DOCUMENT # F96000004491 1. Entity Name CUTRALE CITRUS JUICES USA, INC.	
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Principal Place of Business 602 MCKEAN STREET 23 AUBURNDAL, FL 33843	Mailing Address 602 MCKEAN STREET 23 AUBURNDAL, FL 33843
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DO NOT WRITE IN THIS SPACE



01062006 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3398242	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

THOMPSON III, HUGH W
602 MCKEAN STREET
AUBURNDAL, FL 33823

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCD CUTRALE, JOSE L ACESSO ROD SP310 #3800 ARARAQUARA BRAZIL,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD CUTRALE JR, JOSE L ACESSO ROD SP310 #3800 ARARAQUARA BRAZIL,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD CUTRALE, JOSE H ACESSO ROD SP310 #3800 ARARAQUARA BRAZIL,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD THOMPSON III, HUGH W 602 MCKEAN STREET AUBURNDAL, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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: Hugh W. Thompson III Date: 1/12/06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (863) 965-5331
Daytime Phone #

Hugh W. Thompson III