

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 30, 2004 8:00 am
Secretary of State

08-30-2004 90007 019 ***158.75

DOCUMENT # F97000003281

1. Entity Name
BLUMEX USA INC



Principal Place of Business
145 HOOK CREEK BLVD
BLDG C5C
VALLEY STREAM, NY 11581

Mailing Address
145 HOOK CREEK BLVD
BLDG C5C
VALLEY STREAM, NY 11581

54070863



2. Principal Place of Business

3. Mailing Address

8410 NW 17th St.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

08122004

Chg-P

CR2E034 (10/03)

City & State

City & State

Miami, FL

4. FEI Number

13-3326645

Applied For

Not Applicable

Zip

Country

Zip

Country

33126

USA

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

MCPHERSON, CINDY
2003 NW 70TH AVENUE
MIAMI, FL 33122

New Address:

Name

McPherson, Cindy

Street Address (P.O. Box Number is Not Acceptable)

8410 NW 17th St.

City

Miami

FL

Zip Code

33126

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
Due by September 8, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
CP
VANDER VELDEN, PIETER A
PAGELAAN 27 1906 CRT
LIMMEN HOLLAND, ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VST
VANDER VELDEN, DOMINICUS A
DUINWEG 2 19014 ML
BAKKUIN HOLLAND, ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VP
VINK, ALBERT
88 ROCKY BROOK RD
NEW CANAAN, CT 06840 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
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☐ Delete

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☐ Change ☐ Addition

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☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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 all other like empowered.

SIGNATURE: X Albert Vink

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

08/20/04

Date

516-561-6520

Daytime Phone #