

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 27, 2006 8:00 am
Secretary of State

04-27-2006 90164 042 ***158.75

DOCUMENT # F97000003281

1. Entity Name
BLUMEX USA INC



Principal Place of Business
**179-15 149TH RD
JAMAICA, NY 11413-5607 US**

Mailing Address
**8410 NW 17TH ST
MIAMI, FL 33126**

DO NOT WRITE IN THIS SPACE



04042006 No Chg-P CR2E034 (11/05)

4. FEI Number
13-3326645

Applied For
Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**MCPHERSON, CINDY
8410 NW 17TH ST
MIAMI, FL 33126**

**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 reinstating)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

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
**CP
VANDER VELDEN, PIETER A
PAGELAAN 27 1906 CRT
LIMMEN HOLLAND,**

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

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

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 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: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Albert Vink

04/04/06 (718)244-7400

Date

Daytime Phone #