

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 08, 2006 08:00 AM
Secretary of State

DOCUMENT # F99000002510

1. Entity Name

SPATEN NORTH AMERICA INC.



Principal Place of Business

46-21 LITTLE NECK PARKWAY
LITTLE NECK, NY 11362

Mailing Address

46-21 LITTLE NECK PARKWAY
LITTLE NECK, NY 11362



01202006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
11-3355720

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

**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	P	
NAME	SIEB, LOUIS	
STREET ADDRESS	46-21 LITTLE NECK PARKWAY	
CITY- ST- ZIP	LITTLE NECK, NY 11362	
TITLE	VP	
NAME	SIEB, IRENE	
STREET ADDRESS	46-21 LITTLE NECK PARKWAY	
CITY- ST- ZIP	LITTLE NECK, NY 11362	
TITLE	T	
NAME	CIESLA, PATRICA	
STREET ADDRESS	46-21 LITTLE NECK PARKWAY	
CITY- ST- ZIP	LITTLE NECK, NY 11362	
TITLE		
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

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02/18/06-80048-004 150.00

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/31/06

Date

Daytime Phone