

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 25, 2008 08:00 AM**  
**Secretary of State**

DOCUMENT # F99000002510

1. Entity Name  
SPATEN NORTH AMERICA INC.



Principal Place of Business Mailing Address  
46-21 LITTLE NECK PARKWAY 46-21 LITTLE NECK PARKWAY  
LITTLE NECK, NY 11362 LITTLE NECK, NY 11362



01112008 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 reappointing)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing ☐ \$5.00 May Be Added to Fees

U00000796921  
01/29/08-80053-009 150.00

**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

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: *Patricia Ciesla*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/18/08

(718) 281-1712

Date

Daytime Phone #