2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # F990000025101. Entity Name

SPATEN NORTH AMERICA INC.

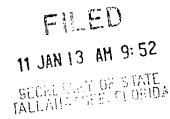


Principal Place of Business

46-21 LITTLE NECK PARKWAY LITTLE NECK, NY 11362

Mailing Address

46-21 LITTLE NECK PARKWAY LITTLE NECK, NY 11362





DO NOT WRITE IN THIS SPACE

WILL (LUGAL
ATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

01052011 No Chg-P CR2E034 (11/08)

4. FEI Number Applied For Not Applied For Not Applicable

5. Certificate of Status Desired S8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

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

the obligations of registered agent.

SIGNATURE

DO NOT WRITE IN THIS SPACE

1191 2011

/ 1.1

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, 2011 Fee will be \$550.00		Election Campaign Finance Trust Fund Contribution.	cing	\$5.00 May Be Added to Fees		
10.	OFFICERS AND DIREC	CTORS				
* TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SIEB, LOUIS 46-21 LITTLE NECK PARKWAY LITTLE NECK, NY 11362				,	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SIEB, IRENE 46-21 LITTLE NECK PARKWAY LITTLE NECK, NY 11362		,	o17	900191327879 01/13/1101031003 **150.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T CIESLA, PATRICA 46-21 LITTLE NECK PARKWAY LITTLE NECK, NY 11362			DO NOT WRITE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			IN THIS SPACE			
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
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 eath; 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						

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