

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**

**Apr 09, 2005 08:00 AM  
Secretary of State**

**DOCUMENT # P00000066684**

1. Entity Name  
**SUMINISTROS INTEGRALES USA, INC.**



Principal Place of Business  
**5874 N.W. 199TH STREET  
MIAMI, FL 33015**

Mailing Address  
**5874 N.W. 199TH STREET  
MIAMI, FL 33015**



02142005 No Chg-P CR2E034 (10/03)

4. FEI Number  
**65-1095334**

Applied For
Not Applicable

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

**DO NOT WRITE IN THIS SPACE**

**6. Name and Address of Current Registered Agent**

**SOLOMIANY, ALEX ESQ.  
1001 BRICKELL BAY DRIVE  
SUITE 1704  
MIAMI, FL 33131**

**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, 2005 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE	<b>D</b>
NAME	<b>LONDONO, LIBARDO</b>
STREET ADDRESS	<b>5874 N.W. 199TH STREET</b>
CITY-ST-ZIP	<b>MIAMI, FL 33015</b>

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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**U00000296533  
04/09/05-80071-021 150.00**

**DO NOT WRITE  
IN THIS SPACE**

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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**4-6-05**