


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 24, 2006 8:00 am
Secretary of State

03-24-2006 90018 009 ***150.00

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
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2. Principal Place of Business 19484 N.W. 61ST AVENUE	3. Mailing Address 19484 N.W. 61ST AVENUE
Suite, Apt. #, etc. 61ST	Suite, Apt. #, etc.

City & State MIAMI - FLORIDA	City & State MIAMI - FLORIDA
Zip 33015	Country U.S.A
Zip 33015	Country U.S.A

01262006 Chg-P CR2E034 (11/05)

4. FEI Number 65-1095334	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent SOLOMIANY, ALEX ESQ. 1001 BRICKELL BAY DRIVE SUITE 1704 MIAMI, FL 33131	
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	FL Zip Code

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	DATE
(NOTE: Registered Agent signature required when reinstating)	

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LONDONO, LIBARDO 5874 N.W. 199TH STREET MIAMI, FL 33015 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	19484 N.W. 61ST AVENUE MIAMI FL 33015 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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.	
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SIGNATURE: 	1-26-06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	
Date	Daytime Phone #