

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 12, 2004 8:00 am
Secretary of State

04-12-2004 90298 032 ***158.75

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1. Entity Name
NPD BROTHERS USA, INC.



Principal Place of Business

48 AVENIDA 1-56 ZONA 3
MIXCO GUATEMALA, CA

Mailing Address

48 AVENIDA 1-56 ZONA 3
MIXCO GUATEMALA, CA

3401000



04072004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-1067434

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

PARLADE, ALBERTO J
7050 S.W. 86TH AVENUE
MIAMI, FL 33143

**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, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD
NAME DIMITRAKIS, DIMITRIOS
STREET ADDRESS 1 CALLE 47-66 ZONA 3
CITY-ST-ZIP MIXCO GUATEMALA, C.A.,

TITLE VD
NAME DIMITRAKIS, PANAGIOTIS
STREET ADDRESS 1 CALLE 47-66 ZONA 3
CITY-ST-ZIP MIXCO GUATEMALA, C.A.,

TITLE SD
NAME DIMITRAKIS, NIKOLAS
STREET ADDRESS 1 CALLE 47-66 ZONA 3
CITY-ST-ZIP MIXCO GUATEMALA, C.A.,

TITLE TD
NAME DIMITRAKIS, CONSTANTINO
STREET ADDRESS 1 CALLE 47-66 ZONA 3
CITY-ST-ZIP MIXCO GUATEMALA, C.A.,

TITLE SD
NAME DIMITRAKIS, MARIA E ASST.
STREET ADDRESS 1 CALLE 47-66 ZONA 3
CITY-ST-ZIP MIXCO GUATEMALA, C.A.,

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 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 #

CONSTANTINO
DIMITRAKIS, TD

4/7/04

305-595-
2300