

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 02, 2005 8:00 am**  
**Secretary of State**

05-02-2005 90488 001 \*\*\*158.75

**DOCUMENT # P00000101299**

1. Entity Name  
NPD BROTHERS USA, INC.



Principal Place of Business  
48 AVENIDA 1-56 ZONA 3  
GUATEMALA  
MEXICO, XX

Mailing Address  
48 AVENIDA 1-56 ZONA 3  
GUATEMALA  
MEXICO, XX

**DO NOT WRITE IN THIS SPACE**



04272005 No Chg-P CR2E034 (10/03)

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, 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 NAME STREET ADDRESS CITY-ST-ZIP	PD DIMITRAKIS, DIMITRIOS 1 CALLE 47-66 ZONA 3 MIXCO GUATEMALA, C.A.,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD DIMITRAKIS, PANAGIOTIS 1 CALLE 47-66 ZONA 3 MIXCO GUATEMALA, C.A.,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD DIMITRAKIS, NIKOLAS 1 CALLE 47-66 ZONA 3 MIXCO GUATEMALA, C.A.,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD DIMITRAKIS, CONSTANTINO 1 CALLE 47-66 ZONA 3 MIXCO GUATEMALA, C.A.,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD DIMITRAKIS, MARIA E ASST. 1 CALLE 47-66 ZONA 3 MIXCO GUATEMALA, C.A.,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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

CONSTANTINO  
DIMITRAKIS,  
T/D

Date

Daytime Phone #

4/27/05 305-595-2300