### **2006 FOR PROFIT CORPORATION ANNUAL REPORT**

DO NOT WRITE IN THIS SPACE

### **DOCUMENT # P00000101299**

1. Entity Name

NPD BROTHERS USA, INC.



Principal Place of Business

48 AVENIDA 1-56 ZONA 3 **GUATEMALA MEXICO,** 

Mailing Address

48 AVENIDA 1-56 ZONA 3 **GUATEMALA MEXICO.** 

# **FILED** May 01, 2006 8:00 am Secretary of State

05-01-2006 90394 013 \*\*\*158.75



04102006

No Chg-P

CR2E034 (11/05)

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

يدين الرياسي بعياسيان الأكام ماما

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

## DO NOT WRITE IN THIS SPACE

8. The above the obligat	named entity submits this statement for the $\rho$ lions of registered agent.	ourpose of changing its register	red office or r	egistered agent, or both, in the	ne State of Florida. I am familiar with, and accept	
SIGNATURE.						
	Signature, typed or printed name of registered agent and title	f applicable. (NOTE: Register	ed Agent signature	required when reinstating)	DATE	
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees				
10.	OFFICERS AND DIREC	TORS		<del></del>		
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.,			DO NOT WRITE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD DIMITRAKIS, CONSTANTINO 1 CALLE 47-66 ZONA 3 MIXCO GUATEMALA, C.A.,			IN THIS SPACE		
STREET ADDRESS	BR XWXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	DELETE				
TITLE NAME STREET ADDRESS			1			

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 apcurate 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 Tequired by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an analysis, with all other like empowered.

SIGNATURE:

CITY-ST-ZIP

DIMITRIOS DIMITRAKIS ED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

# P00000 10 1299

PARLADE& FIGUERAS 7050 SW 86<sup>TH</sup> AVENUE MIAMI, FLORIDA 33143-2426

ALBERTO J. PARLADE, ESQ. JUAN E. FIGUERAS, ESQ. ERIC A. GONZALEZ, ESQ. TELEPHONE (305) 5952300 Facsimile(305) 595-0408

April 27, 2005

Secretary of State UNIFORM BUSINESS REPORT Division of Corporations P.O. Box 1500 Tallahassee, Florida 32302-1500

**RE:** Filing of the Annual Uniform Business Report for:

#### NPD BROTHERS USA, INC.

Dear Sir or Madam:

Enclosed herewith please find the Annual Report for the above referenced Corporation along with a check in the amount of \$ 158.75 for payment of :

- Filing of the Annual Report

\$ 150.00

- Certificate of Good Standing

\$ 8.75

**TOTAL** 

\$ 158.75

Should you have any questions and\or need any additional information, please do not hesitate to contact our office. Otherwise, thank you for your attention in this matter.

Sincerely.

Rene Parlade Legal Assistant

Enclosure