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

## Apr 28, 2006 8:00 am Secretary of State **DOCUMENT # P01000068711** 04-28-2006 90169 037 \*\*\*150.00 1. Entity Name DECTRA USA, INC. Principal Place of Business Mailing Address 4300 SOUTH HWY ONE 4300 SOUTH HWY ONE SUITE 203-323 SUITE 203-323 JUPITER, FL 33477 JUPITER, FL 33477-1198 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04212006 CR2E034 (11/05) Chg-P City & State City & State 4. FEI Number Applied For 65-1120894 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired. Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent SAMUELS, HARRY M Street Address (P.O. Box Number is Not Acceptable) 3143 ARBOR LANE HOLLYWOOD, FL 33021 Suite 307 City FT LAUDERDALE 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 (NOTE: Registered Agent signature required when reinstating) tered agent and title if applicable 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 **\$5.00** May Be Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE DPT ☐ Delete TITLE Change ☐ Addition CHANOZ, JACQUES NAME STREET ADDRESS 4300 S US HWY 1, SUITE 203-323 STREET ADDRESS CITY-ST-ZIF JUPITER, FL 334771198 CITY-ST-ZIP ☐ Change TITLE Delete TITLE Addition CHANOZ, SUZANNE NAME NAME STREET ADDRESS 4300 SOUTH HWY ONE 202-323 STREET ADORESS CITY-ST-ZIP JUPITER, FL 334771198 CITY-ST-ZIE ■ Addition TITLE Delete NAME SAMUELS, HARRY M NAME 2901 STIRLING RD #307 STREET ADDRESS STREET ADDRESS 3143 ARBOR LANE HOLLYWOOD, FL 33021 CITY-ST-ZIP FT LAUSERDALE, FL CITY-ST-7/P \_\_\_ Change ☐ Delete TITLE ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE □ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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 required 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:

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