

FILED
May 05, 2005 8:00 am
Secretary of State

05-05-2005 90106 013 ***150.00

**2005 FOR PROFIT CORPORATION
 ANNUAL REPORT**

DOCUMENT # P01000114040 1. Entity Name VILLIGER NORTH AMERICA CORPORATION	
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Principal Place of Business 7923 N.W. 21ST STREET MIAMI, FL 33122	Mailing Address 7923 N.W. 21ST STREET MIAMI, FL 33122
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50049238



04242005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 01-0569622	Applied For Not Applicable
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5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent ELIZALDE, ANGEL 17630 NW 86 AVENUE MIAMI, FL 33015	DO NOT WRITE IN THIS SPACE
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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 _____ (NOTE: Registered Agent signature required when reappointing) 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	P MOHR, THOMAS SCHWARZENBERGSTRASSE 3-7 WALDSHUT-TIENGEN. 79781
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP HEES, SIMONE BRAND 3 ODESSA, TX 79781 (Detor)
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T ELIZALDE, ANGEL 17630 N.W. 86TH MIAMI, FL 33015
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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)(f), 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]
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/05

Daytime Phone #