

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 30, 2006 8:00 am
Secretary of State

01-30-2006 90060 002 ***150.00

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01232006 Chg-P CR2E034 (11/05)

DOCUMENT # P01000114040 1. Entity Name VILLIGER STOKKEBYE INTERNATIONAL CORP.					
Principal Place of Business 7923 N.W. 21ST STREET MIAMI, FL 33122			Mailing Address 7923 N.W. 21ST STREET MIAMI, FL 33122		
2. Principal Place of Business 6605 W. WT Harris Blvd Suite, Apt. #, etc. Suite Q		3. Mailing Address PO Box 481938 Suite, Apt. #, etc.		4. FEI Number 01-0569622 Applied For ☐ Not Applicable 5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
City & State Charlotte NC		City & State Charlotte NC			
Zip 28269		Zip 28269			
Country USA		Country USA			
6. Name and Address of Current Registered Agent ELIZALDE, ANGEL 17630 NW 86 AVENUE MIAMI, FL 33015				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 reinstating) Signature, typed or printed name of registered agent and title if applicable. DATE					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE P NAME MOHR, THOMAS STREET ADDRESS SCHWARZENBERGSTRASSE 3-7 CITY-ST-ZIP WALDSHUT-TIENGEN, 79761	☐ Delete		TITLE Chairman of the Board NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition	
TITLE VP NAME HEES, SIMONE STREET ADDRESS BRAND 3 CITY-ST-ZIP ODESSA, TX 79761	☒ Delete		TITLE President NAME ERIK STOKKEBYE STREET ADDRESS 6605 W. WT Harris Blvd ste Q CITY-ST-ZIP Charlotte NC 28269	☐ Change ☒ Addition	
TITLE T NAME ELIZALDE, ANGEL STREET ADDRESS 17630 N.W. 86TH CITY-ST-ZIP MIAMI, FL 33015	☐ Delete		TITLE NAME 9400 SW 8th Street STREET ADDRESS Pembroke Pines FL 33025 CITY-ST-ZIP	☒ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
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 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			1/27/05 704-597-0416 Date Daytime Phone #		