

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000040661

FILED
Apr 29, 2005
Secretary of State

Entity Name: DEINTEC NORTH AMERICA, INC.

Current Principal Place of Business:

950 SOUTH PINE ISLAND RD.
SUITE 110
PLANTATION, FL 33324

New Principal Place of Business:

Current Mailing Address:

950 SOUTH PINE ISLAND RD.
SUITE 110
PLANTATION, FL 33324

New Mailing Address:

FEI Number: 01-0779822

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GLOBAL HUMAN CAPITAL SOLUTIONS, INC.
950 SOUTH PINE ISLAND ROAD
SUITE 110
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: RAMIREZ, OSCAR
Address: 2435 P FOX SEDGE WAY
City-St-Zip: WEST CHESTER, OH 45069

Title: D () Delete
Name: GALINDO, MIGUEL
Address: 401 SPAULDING ROAD
City-St-Zip: BARTLETT, IL 60103

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MIGUEL GALINDO

D

04/29/2005

Electronic Signature of Signing Officer or Director

_____ Date