

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 12, 2006 08:00 AM
Secretary of State

DOCUMENT # P02000044155

1. Entity Name
INDUSTRIAL TECHNOLOGIES OF SOUTH AMERICA, INC.



Principal Place of Business
7700 N KENDALL DR STE 304
MIAMI, FL 33156

Mailing Address
7700 N KENDALL DR STE 304
MIAMI, FL 33156



01042006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 11-0685152 Applied For Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

LOTHARIUS, RICHARD D
7700 N KENDALL DR STE 304
MIAMI, FL 33156

**DO NOT WRITE
IN THIS SPACE**

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**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

000000382819
01/12/06-80028-018 150.00

10. OFFICERS AND DIRECTORS

TITLE D
NAME CUSTER, FELIPE A
STREET ADDRESS 7700 N KENDALL DR STE 304
CITY- ST- ZIP MIAMI, FL 33156

TITLE D
NAME DE GRELLE, ALAIN
STREET ADDRESS 176 W MASHTA DR
CITY- ST- ZIP KEY BISCAYNE, FL 33149

TITLE D
NAME MENDIVIL, EDUARDO C
STREET ADDRESS 7700 N KENDALL DR STE 304
CITY- ST- ZIP MIAMI, FL 33156

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 in 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

1/7/06 3058652681
Date Daytime Phone #