2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Mar 22, 2004 8:00 am Secretary of State

DOCUMENT # P02000120671 1. Entity Name NECTRA FOOD USA, INC.							03-22-200	90077 (029 ***158.	75
Principal Plac	ce of Business	Mailing Address						. 24	026772)
3040 NE 190TH ST STE #310 MIAMI, FL 33180		C/O IVAN A. GOMEZ ESQ 601 BRICKELL KEY DRIVE SUITE 507 MIAMI, FL 33131		i 		IH I I I I I I I I I I I I I I I I I I I				
Principal Place of Business 1021 S. Park Road		3. Mailing Address								
Suite, Apt. #, etc. Suite 212		Suite, Apt. #, etc.			j	03122004	Chg-P	CR	2E034 (10/03)	
City & State Hollywood, Florida		City & State			4. FEI Numb				pplied For	
Zip	Country	Zip	Coun	try				ired XX	\$8.75 Ad	ditional
33021	USA - 6Name and Address of Current Registered Agent				5. Certificate of Status Desired XX Fee Required 7. Name and Address of New Registered Agent					
	6 Name and Address of Curren	Name		7. Name an	d Address of F	tew Register	rea Agent			
	PORATE SERVICES, INC. KELL KEY DR STE 507		Street Address (O. Box Numb	per is Not Acce	ptable)	 	
MIAMI, FL	. 33131	,								
•				City			·		FL Zip Coo	ie
8. ie 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										
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE										
FIL After Ma	E NOW!!! FEE IS \$150.00 ay 1, 2004 Fee will be \$550	9. Election Campai Trust Fund Contr	-	cing	\$5.6 Adde	00 May Be d to Fees				
10.	OFFICERS AND	DIRECTORS	11.			ADDITIONS	/CHANGES TO	OFFICERS .	AND DIRECTOR	S IN 11
TITLE NAME STREET ADDRESS	DTSP WINZENRIED, LAURENT 3040 NW 190 ST	☐ Detete		ET ADDRESS	1021	S. Par	k Road, Florida	Suite	Change Ch	☐ Addition
CITY-ST-ZIP	MIAMI, FL 33180		TITLE		HOTT	ywood,	FIOLICA	33021	⊠ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CAPITAINE, PIERRE 3040 NE 190 ST MIAMI, FL 33180	Delete	NAME STRE	ET ADDRESS			k Road, Florida			Augusti
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete							☐ Change	☐ Addition
TITLE NAME STREET ADDRESS		☐ Delete	TITLE NAME STREE	ET ADDRESS			<u> </u>		☐ Change	Addition
TITLE		☐ Delete	TITLE	ST-ZIP			 		☐ Change	☐ Addition
NAME STREET ADDRESS CITY-ST-ZIP			1	T ADDRESS						
TITLE NAME		☐ Delete	TITLE						☐ Change	☐ Addition
STREET ADDRESS CITY-ST-ZIP		•	1	T ADDRESS ST-ZIP						
12. I hereby certify that the information supplied with this filing does not qualify 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 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 of trustee emprowered to expedie this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if										

SIGNATURE:

SIGNATURE AND TYPED OBSCRIPTED NAME OF SIGNANG OFFICER OR DIRECTOR

LAURENT WINZENRIED, PRESIDENT

(305) 371-9213

3/18/2009 Case