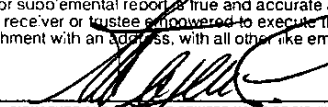


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 28, 2006 8:00 am
Secretary of State

03-28-2006 90128 026 ***158.75

DOCUMENT # P02000120671 1. Entity Name NECTRA FOOD USA, INC.					
Principal Place of Business 1021 S. PARK RD., STE 212 HOLLYWOOD, FL 33021			Mailing Address C/O IVAN A. GOMEZ ESQ 601 BRICKELL KEY DRIVE SUITE 507 MIAMI, FL 33131		
2. Principal Place of Business 2100 PEBBLE CREEK LN		3. Mailing Address 			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		03192006 Chg-P CR2E034 (11/05)	
City & State ORANGE PARK, FL		City & State		4. FEI Number 81-0584136	
Zip 32003		Country		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent IAG CORPORATE SERVICES, INC. 601 BRICKELL KEY DR STE 507 MIAMI, FL 33131			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 _____ Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when re-electing)					
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 NAME STREET ADDRESS CITY ST ZIP	DTSP WINZENRIED, LAURENT 1021 S. PARK RD., STE 212 HOLLYWOOD, FL 33021 ☐ Delete		TITLE NAME STREET ADDRESS CITY ST ZIP	DTSP WINZENRIED, LAURENT 2100 PEBBLE CREEK LN ORANGE PARK, FL 32003 ☒ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY ST ZIP	V CAPITAINE, PIERRE 1021 S. PARK RD., STE 212 HOLLYWOOD, FL 33021 ☐ Delete		TITLE NAME STREET ADDRESS CITY ST ZIP	V CAPITAINE, PIERRE 2100 PEBBLE CREEK LN ORANGE PARK, FL 32003 ☒ 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	
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: 			03/20/2006		305-371-9213
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Laurent Winzenried, President			Date		Daytime Phone #