2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 28, 2006 8:00 am
Secretary of State
03-28-2006 90128 026 ***158.75

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1. Entity Name
NECTRA FOOD USA, INC.

Principal Place of Business	Mailing Address
1021 S. PARK RD., STE 212 HOLLYWOOD, FL 33021	C/O IVAN A. GOMEZ ESQ 601 BRICKELL KEY DRIVE SUITE 507 MIAMI, FL 33131

03192006 Chg-P CR2E034 (11/05)

2. Principal Place of Business		3. Mailing Address	
2100 PEBBLE CREEK LN			
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: ORANGE PARK, FL		City & State	
Zip: 32003	Country	Zip	Country

4. FEI Number: 81-0584136 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
IAG CORPORATE SERVICES, INC. 601 BRICKELL KEY DR STE 507 MIAMI, FL 33131	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 reinstating) 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 NAME STREET ADDRESS CITY ST ZIP	DTSP WINDENRIED, 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 — Date — Daytime Phone #

Laurent Winzenried, President