

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000029274

Entity Name: INSUMOS USA, INC.

FILED  
Apr 26, 2006  
Secretary of State

## Current Principal Place of Business:

6900 NOVA DRIVE  
SUITE 206  
DAVIE, FL 33317 US

## New Principal Place of Business:

## Current Mailing Address:

6900 NOVA DRIVE  
SUITE 206  
DAVIE, FL 33317 US

## New Mailing Address:

FEI Number: 20-1263804

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

FIGARI, ALEJANDRINA I  
17823 NW 127TH DRIVE NORTH  
JUPITER, FL 33478 US

## Name and Address of New Registered Agent:

MONIQUE TRONCONE, CPA P.A.  
55 NE 5TH AVENUE  
501  
BOCA RATON, FL 33432 US

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: MONIQUE TRONCONE

04/26/2006

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: GONZALES, CAMILO C  
Address: LAS GAVIOTAS N° 122, OF. 301  
City-St-Zip: SURQUILLO, LI PERU

Title: VP ( ) Delete  
Name: BALTA, MANUEL K  
Address: LAS GAVIOTAS N° 122, OF 301  
City-St-Zip: SURQUILLO, LI PERU

Title: TREA ( ) Delete  
Name: RUBINI, VIRGILIO R  
Address: LAS GAVIOTAS N° 122, OF 301  
City-St-Zip: SURQUILLO, LI PERU

Title: SEC ( ) Delete  
Name: FIGARI, ALEJANDRINA I  
Address: 17823 NW 127TH DRIVE N.  
City-St-Zip: JUPITER, FL 33478 US

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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 Chapter 119, 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: CAMILO C. GONZALEZ

PD

04/26/2006

Electronic Signature of Signing Officer or Director

Date