


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

4/

**May 30, 2006 8:00 am
Secretary of State**

04-24-2006 90417 044 ***150.00

DOCUMENT # P04000157532 1. Entity Name CONINCA USA CORP.	
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Principal Place of Business 16315 NW 48 AVENUE MIAMI, FL 33014	Mailing Address 16315 NW 48 AVENUE MIAMI, FL 33014
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DO NOT WRITE IN THIS SPACE



01092006 No Chg-P CR2E034 (11/05)

4. FEI Number 56-2488289	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent
**CHACIN, FREDDY
16315 NW 48 AVENUE
MIAMI, FL 33014**

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

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$850.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT THOMPSON, JUAN Z 16315 NW 48 AVENUE MIAMI, FL 33014
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPS CHACIN, FREDDY 16315 NW 48 AVENUE MIAMI, FL 33014
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**DO NOT WRITE
IN THIS SPACE.**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

05/20/06 305-6240090
Date Daytime Phone