

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 11, 2005 8:00 am**  
**Secretary of State**

04-11-2005 90189 007 \*\*\*150.00

**DOCUMENT # P09021**

1. Entity Name  
NODIPAL, S.A.



Principal Place of Business  
KIRCHSTRASSE 1  
PO BOX 129  
FL-9490, VA 33480-4310 US

Mailing Address  
12765 FOREST HILL BLVD  
SUITE 1302  
WELLINGTON, FL 33414 US

**50036444**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03092005

Chg-P

CR2E034 (10/03)

City & State

City & State

4. FEI Number

98-0039030

Applied For

Not Applicable

Zip

Country

Zip

Country

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

DE MENDOZA, MARIO G III  
12765 FOREST HILL BLVD  
WEST PALM BEACH, FL 33414

Name MARIO G. DE MENDOZA, III, P.A.

Street Address (P.O. Box Number is Not Acceptable)  
12765 FOREST HILL BLVD.

SUITE 1302

City WELLINGTON

FL

Zip Code  
33414

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.

MARIO G. DE MENDOZA, III, P.A.

SIGNATURE

*Mario G. de Mendoza, III, President*  
Signature, typed or printed name of registered agent and, if applicable, (NOTE: Registered Agent signature required when reinstating)

3/9/05  
DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 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 D ☐ Delete  
NAME JOHANNES, BURGER DR  
STREET ADDRESS HEILIGKREUZ 6  
CITY-ST-ZIP VADUZ LI LECHTENSTEIN,

TITLE ☐ Change ☐ Addition  
NAME *[Signature]*  
STREET ADDRESS *[Signature]*  
CITY-ST-ZIP *[Signature]*

TITLE DS ☐ Delete  
NAME BUERZLE, ERICH  
STREET ADDRESS KIRCHSTRASSE 1  
CITY-ST-ZIP VADUZ, LIECHTENSTEIN,

TITLE ☐ Change ☐ Addition  
NAME *[Signature]*  
STREET ADDRESS *[Signature]*  
CITY-ST-ZIP *[Signature]*

TITLE PD ☐ Delete  
NAME HERBERT, OBERHUBER DR  
STREET ADDRESS HEILIGKREUZ 6  
CITY-ST-ZIP VADUZ, LIECHTENSTEIN,

TITLE ☐ Change ☐ Addition  
NAME *[Signature]*  
STREET ADDRESS *[Signature]*  
CITY-ST-ZIP *[Signature]*

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-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 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: X

Erich Buerzle, Director

X March 23rd, 2005  
Date Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR