

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P10000003761

Entity Name: HURTH USA, INC.

**FILED**  
**Jan 20, 2011**  
**Secretary of State**

## **Current Principal Place of Business:**

C/O KYLE N. WILLIAMSON, CPA, LARSON ALLEN  
4099 TAMIAMI TRAIL NORTH, SUITE 300  
NAPLES, FL 34103

## **New Principal Place of Business:**

## **Current Mailing Address:**

C/O KYLE N. WILLIAMSON, CPA, LARSON ALLEN  
4099 TAMIAMI TRAIL NORTH, SUITE 300  
NAPLES, FL 34103

## **New Mailing Address:**

FEI Number: 46-0524677

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## **Name and Address of Current Registered Agent:**

WILLIAMSON, KYLE N CPA  
C/O LARSON ALLEN  
4099 TAMIAMI TRAIL NORTH, SUITE 300  
NAPLES, FL 34103 US

## **Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

## **OFFICERS AND DIRECTORS:**

Title: D  
Name: GIUDICI HURTH, MICHAELA  
Address: C/O KYLE WILLIAMSON, 4099 TAMIAMI TRAIL N  
City-St-Zip: NAPLES, FL 34103

Title: P  
Name: GIUDICI HURTH, MICHAELA  
Address: C/O KYLE WILLIAMSON, 4099 TAMIAMI TRAIL N  
City-St-Zip: NAPLES, FL 34013

I hereby 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 all other like empowered.

SIGNATURE: MICHAELA HURTH GUIDICI

PRES

01/20/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date