## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P92000004325

Entity Name: ANSA MCAL (U.S.) INC.

FILED Apr 21, 2006 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 11403 NW 39TH STREET MIAMI, FL 33178 US **Current Mailing Address: New Mailing Address:** 11403 NW 39TH STREET MIAMI, FL 33178 FEI Number: 65-0372843 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: CORPORATION COMPANY OF MIAMI 201 S BISCAYNE BLVD **SUITE 1600** MIAMI, FL 33131 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: Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution ( ). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: (X) Change ( ) Addition ( ) Delete Title: OBRIEN, CONRAD EUGENE, RICE S Name: Name: 11403NW 39TH STREET 11403NW 39TH STREET Address: Address: City-St-Zip: MIAMI, FL 33178 City-St-Zip: MIAMI, FL 33178 Title: () Change () Addition Title: ( ) Delete Name: DE BOEHMLER, ANNETTE Name: 11403 NW 39TH STREET Address: Address: MIAMI, FL 33178 City-St-Zip: City-St-Zip: Title: (X) Change ( ) Addition Title: DP ( ) Delete PD RICE, EUGENE S POUCHET, CHRISTIAN Name: Name: 11403 NW 39TH STREET 11403 NW 39TH STREET Address: Address: City-St-Zip: MIAMI, FL 33178 City-St-Zip: MIAMI, FL 33178 Title: () Delete Title: VP/D ( ) Change (X) Addition HADEED, DAVID Name: Name: Address: Address: 11403 NW 39TH STREET City-St-Zip: City-St-Zip: MIAMI, FL 33178 Title: Title: ( ) Change (X) Addition ( ) Delete Name: Name: SABGA III, ANTHONY NORMAN Address: Address: 11403 NW 39TH STREET City-St-Zip: City-St-Zip: MIAMI, FL 33178

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: ANNETTE DE BOEHMLER CS 04/21/2006