

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 06, 2005 8:00 am
Secretary of State

05-06-2005 90103 041 ***150.00

DOCUMENT # P96000069574

1. Entity Name

NGL - U.S.A. INDUSTRIAL PRODUCTS CORPORATION



Principal Place of Business

**1601 NE 191 STREET STE 216-B
NO MIAMI BEACH FL 33179**

Mailing Address

**1601 NE 191 STREET STE 216-B
NO MIAMI BEACH FL 33179**

50050410

2. Principal Place of Business

3. Mailing Address

7041 NW 5 ST.



1st MOORE

CR2E034 (10/04)

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

PLANTATION FL

4. FEI Number

65-0691787

Applied For

Not Applicable

Zip

Country

Zip

Country

33317

Broward

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

**ZARATE, FABIAN M
1601 NE 191 STREET
SUITE 216-B
NO MIAMI BEACH FL 33179**

Name **FABIAN M. BARRERA ZARATE**

Street Address (P.O. Box Number is Not Acceptable)
7041 NW 5 ST.

City **PLANTATION**

FL

Zip Code **33317**

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 reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee Will Be \$550.00
Make Check Payable to Florida Department of State**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	ARANDA, NATALIO E	
STREET ADDRESS	1601 NE 191ST ST., SUITE 216-B	
CITY-ST-ZIP	NO MIAMI BEACH FL 33179	
TITLE	VSD	<input type="checkbox"/> Delete
NAME	ZARATE, FABIAN M	
STREET ADDRESS	1601 NE 191 STREET STE 217-B	
CITY-ST-ZIP	NO MIAMI BEACH FL 33179	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	ZARATE, AGDA B	
STREET ADDRESS	1601 NE 191 STREET STE 217-B	
CITY-ST-ZIP	NO MIAMI BEACH FL 33179	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	T	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FABIAN M. BARRERA ZARATE	
STREET ADDRESS	1895B NE 4 COURT	
CITY-ST-ZIP	N. Miami PL 33179	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

FABIAN M. BARRERA ZARATE

04/29/05

205 493 9588

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #