

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 12, 2007 8:00 am
Secretary of State

06-12-2007 90111 024 ***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 7041 NW 5 ST PLANTATION, FL 33317
---	---

2. Principal Place of Business - No P.O. Box # 18958 NE 4 COURT		3. Mailing Address SAME	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State N. MIAMI FL		City & State SAME	
Zip 33179	Country USA	Zip	Country



05232007 Chg-P CR2E034 (12/06)

6. Name and Address of Current Registered Agent ZARATE, FABIAN M 7041 NW 5 ST PLANTATION, FL 33317		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
--	--	---	--

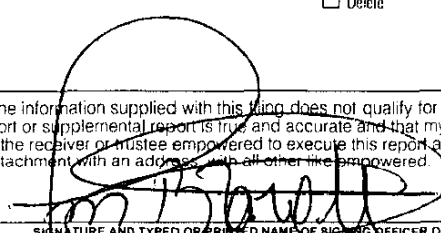
I, the above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent

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 \$550.00 Due by September 14, 2007	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 NAME STREET ADDRESS CITY-ST-ZIP	P ARANDA, NATALIO E 1601 NE 191ST ST., SUITE 216-B NO MIAMI BEACH, FL 33179 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD ZARATE, FABIAN M 1601 NE 191 STREET STE 217-B NO MIAMI BEACH, FL 33179 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BARREDA ZARATE, FABIAN 3 1895 B NE 4 COURT N MIAMI, FL 33179 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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: 	03/09/07	305 493 9588
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date	Director Phone #