

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 27, 2008 8:00 am
Secretary of State

05-27-2008 90044 032 ***150.00

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05152008 Chg-P CR2E034 (12/06)

DOCUMENT # P96000069574					
1. Entity Name NGL - U.S.A. INDUSTRIAL PRODUCTS CORPORATION					
Principal Place of Business 18958 NE 4TH CT NORTH MIAMI, FL 33179			Mailing Address 18958 NE 4TH CT NORTH MIAMI, FL 33179		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 65-0691787	
				Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
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: <u>FABIAN M. BARRERA ZARATE</u> Street Address (P.O. Box Number is Not Acceptable): <u>18958 NE 4 COURT</u> City: <u>N. MIAMI</u> FL Zip Code: <u>33179</u>		
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: <u>[Signature]</u> Signature, typed or printed name of registered agent and title if applicable.			FABIAN M. BARRERA ZARATE - VSD - 03/31/08 (NOTE: Registered Agent signature required when reinstating) DATE		
FILE NOW!! FEE IS \$150.00 Due by September 12, 2008			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ARANDA, NATALIO E		NAME		
STREET ADDRESS	1601 NE 191ST ST., SUITE 216-B		STREET ADDRESS		
CITY-ST-ZIP	NO MIAMI BEACH, FL 33179		CITY-ST-ZIP		
TITLE	VSD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ZARATE, FABIAN M		NAME		
STREET ADDRESS	1601 NE 191 STREET STE 217-B		STREET ADDRESS		
CITY-ST-ZIP	NO MIAMI BEACH, FL 33179		CITY-ST-ZIP		
TITLE	T	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BARRERA ZARATE, FABIAN 3		NAME		
STREET ADDRESS	1895 B NE 4 COURT		STREET ADDRESS		
CITY-ST-ZIP	N MIAMI, FL 33179		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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: <u>[Signature]</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			03/31/08 Date Daytime Phone #		