

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P96000069574					
1. Entity Name NGL - U.S.A. INDUSTRIAL PRODUCTS CORPORATION					
Principal Place of Business 18958 NE 4TH CT NORTH MIAMI BEACH, FL 33179			Mailing Address 18958 NE 4TH CT NORTH MIAMI BEACH, FL 33179		
2. Principal Place of Business - No P.O. Box # 18963 NE 4 COURT		3. Mailing Address SAME			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State N. Miami B.		City & State		4. FEI Number 65-0691787	
Zip 33179		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ZARATE, FABIAN M 18958 NE 4 COURT NORTH MIAMI BEACH, FL 33179			7. Name and Address of New Registered Agent Name: FABIAN M. BARNEDA ZARATE Street Address (P.O. Box Number is Not Acceptable) 18963 NE 4 COURT City: N. miami B. FL Zip Code: 33179		
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____					
FILE NOW!!! FEE IS \$550.00 Due by September 28, 2012		9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE P NAME ZARATE, FABIAN M STREET ADDRESS 18958 NE 4TH CT CITY-ST-ZIP NORTH MIAMI BEACH, FL 33179	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 200235084742 05/14/12--01015--009 ***150.00	
TITLE VSD NAME ZARATE, FABIAN M STREET ADDRESS 1601 NE 191 STREET STE 217-B CITY-ST-ZIP NORTH MIAMI BEACH, FL 33179	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE T NAME BARREDA ZARATE, FABIAN STREET ADDRESS 18958 NE 4 COURT CITY-ST-ZIP NORTH MIAMI BEACH, FL 33179	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition MAY 15 2012 S. TONER	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 of 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: 			DATE: 04/10/12		
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			E-MAIL ADDRESS: NGLUSA@GMAIL.COM		

FILED

2012 MAY 15 AM 8:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



05032012 Chg-P CR2E034 (12/11)