

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 01, 2006 08:00 AM
Secretary of State

DOCUMENT # P98000043025

1. Entity Name
ZWIKKER & ASSOCIATES U.S.A., INC.



Principal Place of Business

6600 N. ANDREWS AVENUE
SUITE 150
FORT LAUDERDALE, FL 33309 US

Mailing Address

6600 N. ANDREWS AVENUE
SUITE 150
FORT LAUDERDALE, FL 33309 US



01272006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0836333

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

CORRELL, TOM
1004 GUAVA
FORT LAUDERDALE, FL 33315

**DO NOT WRITE
IN THIS SPACE**

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, 2006 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D
NAME CORRELL, TOM
STREET ADDRESS 1004 GUAVA
CITY-ST-ZIP FORT LAUDERDALE, FL 33315

TITLE P
NAME ZWIKKER, ERNST
STREET ADDRESS 1500 SOUTHWEST 17TH STREET
CITY-ST-ZIP FT. LAUDERDALE, FL 33312

TITLE V
NAME OLDE DUBBELINK, TANJA
STREET ADDRESS 3601 NE 207 ST.
CITY-ST-ZIP AVENTURA, FL 33180

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

000000413282
02/10/06-80082-007 150.00

**DO NOT WRITE
IN THIS SPACE**

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:

T. Olde Dubbelink
T. OLDE DUBBELINK

1/27/06 954267.0744

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

DayTime Phone #