## **2007 FOR PROFIT CORPORATION**

## ANNUAL REPORT DOCUMENT # P98000043025



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

Mailing Addross

## **FILED** May 01, 2007 8:00 am Secretary of State 05-01-2007 90036 001 \*\*\*150.00

LOCEUNA

Principal Place of Business Mailing Address						\$(1/12.20.								
6600 N. ANDREWS AVENUE 6600 N. ANDREWS AVENUE				NUE										
SUITE 150 SUITE 150														
FORT LAUDERDALE, FL 33309 US FORT LAUDERDALE, FL 33309 US											INIAT' II ital			
		HETADOW ROAD	3. Mailing Address 898 E. POND HEADELD KOND											
Suite, Apt. #, etc. Suite, Apt. #, etc.						04242007	Chg-P	CR2E0	34 (12/06	)				
City & Stat	BROCK	. CT	City & State WEST&ROOK CT			4. FEI Numb	_		<b>→</b>	pplied For				
Country U.S.			<sup>Zip</sup> 06448	38 Country U.S.				of Status Desired		\$8.75 Ac				
	6. Name	and Address of Current R	egistered Agent				7. Name and	Address of New R	Registered A	gent				
					Name									
CORRELL 1004 GUA					Street Address (P.O. Box Number is Not Acceptable)									
		E, FL 33315												
					City					Zin Co	do			
					City				FL	Zip Co				
	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.													
CIONATURE														
SIGNATURE_	Signature, typed	or printed name of registered agent an	d title if applicable. (NOTE	: Registere	d Agent signat	ure required	wnen reinstating)		DATE					
-	-		9 Flaction Campai	an Finar	win.	¢£	00							
FILE NOWIII FEE IS \$150.00  After May 1, 2007 Fee will be \$550.00  9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution.   Added to Fees														
10.		OFFICERS AND D	IRECTORS	11.			ADDITIONS	CHANGES TO OFF	ICERS AND	DIRECTO	RS IN 11			
TITLE	D		☐ Delete	TITLE	 E					☐ Change	☐ Addition			
NAME	CORRELI	L, TOM		NAM	E									
STREET ADDRESS	1004 GUA			ET ADDRESS										
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NAME	ı	BBELINK, TANJA		MAM		000	DE DOU	SBE LINK," O H <del>EN</del> OOW	LE CHA-C	<b>.</b>				
STREET ADDRESS	3601 NE				ET ADDRESS - ST-Zip	248	ST ARON	ok ct o	600 P					
CITY-ST-ZIP	AVENTOR	RA, FL 33180	П	-		W.C	, 3, 13·c-·			☐ Change	Addition			
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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 attackmept with an address, with all other like empowered.

SIGNATURE:

TOUDE DUBBELINK BIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

860, 399, 1248