

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 19, 2005 08:00 AM
Secretary of State

DOCUMENT # P99000024493

1. Entity Name
O. MUSTAD & SON LATIN AMERICA, INC.



Principal Place of Business
**80 S.W. 8TH STREET
SUITE 2190
MIAMI, FL 33130**

Mailing Address
**80 S.W. 8TH STREET
SUITE 2190
MIAMI, FL 33130**



04122005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0902893** Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**NICOLAS J. WATKINS, P.A.
501 BRICKELL KEY DRIVE, SUITE 504
MIAMI, FL 33131**

**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, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	V
NAME	FLOBERGHAGEN, BJORN
STREET ADDRESS	RAUFOSSVN 40
CITY-ST-ZIP	GJOVIK, NORWAY 2801,
TITLE	T
NAME	PEDERSEN, HELGE
STREET ADDRESS	RAUFOSSVN 40
CITY-ST-ZIP	GJOVIK, NORWAY 2801,
TITLE	P
NAME	THOMASSEN, ANDERS
STREET ADDRESS	80 S.W. 8TH STREET, STE. 2190
CITY-ST-ZIP	MIAMI, FL 33130
TITLE	SD
NAME	RODRIGUEZ, MIGUEL
STREET ADDRESS	80 S.W. 8TH STREET
CITY-ST-ZIP	MIAMI, FL 33130
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-10-05 305-373-1755