

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 25, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # P99000024493**

1. Entity Name

O. MUSTAD & SON LATIN AMERICA, INC.



Principal Place of Business

2305 NW 107TH AVE  
BAY A-6  
MIAMI, FL 33172

Mailing Address

2305 NW 107TH AVE  
BOX # 88  
MIAMI, FL 33172

**DO NOT WRITE IN THIS SPACE**



01102008 No Chg-P CR2E034 (11/05)

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, 2008 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

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 2305 NW 107TH AVE, BAY A-6  
CITY-ST-ZIP MIAMI, FL 33172

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
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01/29/08-80055-005 158.75

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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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/15/2008

Date

305-597-0553

Daytime Phone #