

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # S45822

Entity Name
SEL MACHINERY INTERNATIONAL U.S.A., INC.



Principal Place of Business

2050 N.W. 95 AVE.
MIAMI, FL 33172 US

Mailing Address

2050 N.W. 95 AVE.
MIAMI, FL 33172 US

FILED
Jan 23, 2006 08:00 AM
Secretary of State



01042008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0256182

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

LER, ROBERT
ONE 4TH STREET
FORT LAUDERDALE, FL 33301

**DO NOT WRITE
IN THIS SPACE**

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.

NATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reappointing)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

7. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

1100001246463
01/30/06-80011-013 150.00

OFFICERS AND DIRECTORS

P	FRANCO GIANGRADI V
ADDRESS	2050 N.W. 95 AVENUE
ZIP	MIAMI, FL 33172
VTS	MATUSZAK, CHARLES
ADDRESS	2050 NW 95 AVENUE
ZIP	MIAMI, FL 33172
ADDRESS	
ZIP	
ADDRESS	
ZIP	
ADDRESS	
ZIP	

**DO NOT WRITE
IN THIS SPACE**

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

Date

Daytime Phone #

1-6-06

305.392-2500