


FILED  
May 11, 2006 8:00 am  
Secretary of State

05-11-2006 90240 030 \*\*\*150.00

2006 FOR PROFIT CORPORATION  
ANNUAL REPORT

DOCUMENT # F00000001961			
1. Entry Name NANBEI US INC.			
Principal Place of Business 801 BRICKELL AVENUE, STE. 1550 MIAMI, FL 33131		Mailing Address APOQUINDO 4499, PISO 10, LAS CONDES SANTIAGO CHILE, XX	
2. Principal Place of Business 255 ALHAMBRA Suite, Apt. #, etc. SUITE 680 City & State CORAL GABLES FL Zip 33134 Country U.S.		3. Mailing Address 999 PONDE DE LEON Suite, Apt. #, etc. SUITE 1045 City & State CORAL GABLES FL Zip 33134 Country U.S.	
4. FEI Number 13-5034940		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		04282008 Chg-P CR2E034 (11/05)	
6. Name and Address of Current Registered Agent AMERICAN INFORMATION SERVICES, INC. ONE SOUTHEAST THIRD AVENUE, 28TH FLOOR MIAMI, FL 33131		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ <small>Signature, typed or printed name of registered agent and fee if applicable (NOT if Registered Agent resigned (request other returning) DATE</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SELMAN, ELIAS AV. APOQUINDO #4499, PISO 10, LAS CONDES SANTIAGO, CHILE, CH <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption 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: _____		DATE _____	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>DATE</small>	