

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F10000004744

Entity Name: BRIC'S USA, INC.

FILED  
Apr 16, 2012  
Secretary of State

**Current Principal Place of Business:**

320 FIFTH AVENUE  
SUITE 506  
NEW YORK, NY 10001

**New Principal Place of Business:**

**Current Mailing Address:**

320 FIFTH AVENUE  
SUITE 506  
NEW YORK, NY 10001

**New Mailing Address:**

FEI Number: 13-4175373      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301      US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: C  
Name: BRICCOLA, MARIANGELA  
Address: 320 FIFTH AVENUE, SUITE 506  
City-St-Zip: NEW YORK, NY 10001

Title: VCP  
Name: BRICCOLA, PIETRO  
Address: 320 FIFTH AVENUE, SUITE 506  
City-St-Zip: NEW YORK, NY 10001

Title: VPC  
Name: BRICCOLA, GIOVANNI  
Address: 320 FIFTH AVENUE, SUITE 506  
City-St-Zip: NEW YORK, NY 10001

Title: S  
Name: FIORILLA, ANNIE B.  
Address: 320 FIFTH AVENUE, SUITE 506  
City-St-Zip: NEW YORK, NY 10001

Title: T  
Name: VOLONTE, MARCO  
Address: 320 FIFTH AVENUE, SUITE 506  
City-St-Zip: NEW YORK, NY 10001

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: ANNIE B. FIORILLA DI SANTA CROCE

SEC.

04/16/2012

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date