


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 01, 2005 8:00 am**  
**Secretary of State**

02-01-2005 90019 017 \*\*\*158.75

<b>DOCUMENT # P04000036110</b>	
1. Entity Name SICC USA, INC.	

Principal Place of Business C/O JOSEPH H GANGUZZA, ESQUIRE 150 W FLAGLER ST STE 2701 MIAMI, FL 33130	Mailing Address C/O JOSEPH H GANGUZZA, ESQUIRE 150 W FLAGLER ST STE 2701 MIAMI, FL 33130
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40005555

2. Principal Place of Business 900 Park Centre Blvd #476	3. Mailing Address 900 Park Centre Blvd #476
Suite, Apt. #, etc.	Suite, Apt. #, etc.



01262005 Chg-P CR2E034 (10/03)

City & State Miami Gardens, FL	City & State Miami Gardens, FL	4. FEI Number 20-0822688	Applied For Not Applicable
Zip 33169	Country USA	Zip 33169	Country USA
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	

GANGUZZA, JOSEPH H ESQUIRE  
 HYMAN, KAPLAN, GANGUZZA, SPECTOR & MARS PA  
 150 W FLAGLER ST STE 2701  
 MIAMI, FL 33130

Name	Street Address (P.O. Box Number is Not Acceptable)	City	FL	Zip Code
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP GREGORI, AIZMAN VIA IV NOVEMBRE N 164/D 61032 FANO (PU) ITALIA, <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 900 Park Centre Blvd #476 Miami Gardens, FL 33169
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS BENJAMIN, AIZMAN VIA IV NOBEMBRE N 164/D 61032 FANO (PU) ITALIA, <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 900 Park Centre Blvd. #476 Miami Gardens, FL 33169
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GIANLUCA, LATINI VIA ROMA N 249 60035 JESI ITALIA, <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ORIANA, DRAGHETTI LARGO S.ALLENDE 11 60035 JESI ITALIA, <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ELEONORA, KAUFMAN 13464 SW 27 ST MIRAMAR, FL 330273877 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Benjamin Aizman 1-28-05 (305)6274277  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #