

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000036110

FILED
Apr 29, 2008
Secretary of State

Entity Name: SICC USA, INC.

Current Principal Place of Business:

900 PARK CENTRE BLVD
476
MIAMI GARDENS, FL 33169

New Principal Place of Business:

Current Mailing Address:

900 PARK CENTRE BLVD
476
MIAMI GARDENS, FL 33169

New Mailing Address:

FEI Number: 20-0822688

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GANGUZZA, JOSEPH H
1 S.E. 3RD AVE., SUITE 2150
MIAMI, FL 33131 US

Name and Address of New Registered Agent:

GANGUZZA, JOSEPH H
1 S.E. 3RD AVE.
SUITE 2150
MIAMI, FL 33131 US

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

04/29/2008

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PREZ () Delete
Name: LATINI, GIANLUCA
Address: VIA ROMA N 249 60035
City-St-Zip: JESI ITALIA, IT 60030 IT

Title: D () Delete
Name: AIZMAN, GREGORI
Address: 900 PARK CENTRE BLVD # 476
City-St-Zip: MIAMI GARDENS, FL 33169

Title: D () Delete
Name: AIZMAN, BENIAMIN
Address: 900 PARK CENTRE BLVD # 476
City-St-Zip: MIAMI GARDENS, FL 33169

Title: D () Delete
Name: LATINI, ALFIERO
Address: VIA TOSCANA 32
City-St-Zip: MONSANO (AN) ITALIA, IT 60030 IT

Title: DS () Delete
Name: DRAGHETTI, ORIANA
Address: LARGO S.ALLENDE 11 60035
City-St-Zip: JESI ITALIA, IT 60030 IT

Title: D (X) Delete
Name: ELENORA, KAUFMAN
Address: 3112 NE 210 TH TERRACE
City-St-Zip: AVENTURA, FL 33180

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: BENIAMIN AIZMAN

Electronic Signature of Signing Officer or Director

D

04/29/2008

Date