2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000036110

Entity Name: SICC USA, INC.

FILED Mar 30, 2009 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:			
900 PARK CENTRE BLVD				1 S.E. 3RD AVE.			
# 476 MIAMI GARDENS, FL 33169				# 2150 MIAMI, FL 33131			
Current Mailing Address:				New Mailing Address:			
900 PARK CENTRE BLVD				1 S.E. 3RD AVE.			
# 476 MIAMI GARDENS, FL 33169				# 2150 MIAMI, FL 33131			
	El Number: 20-0822688 FEI Number Applied For ()		FEI Nur	I Number Not Applicable () Certificate of Status Desired ()			
Name and	Address of (Current Registered Agent:		Name and	Address of Ne	w Registered Age	ent:
1 S.E. 3RD SUITE 2150 MIAMI, FL	0 33131 US named entity	submits this statement for the pu	ırpose c	of changing i	ts registered offi	ice or registered ag	ent, or both,
SIGNATUR	RE:						
	Electron	nic Signature of Registered Ager	nt			Date	
Election Carr	npaign Financin	g Trust Fund Contribution ().					
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS			
Title: Name: Address: City-St-Zip:	PREZ (LATINI, GIANLU VIA ROMA N 2- JESI ITALIA, IT	49 60035		Title: Name: Address: City-St-Zip:	PREZ (X) C LATINI, GIANLUC VIA ROMA N 249 JESI ITALIA, IT 6	60035	
Title: Name: Address: City-St-Zip:	AIZMAN, GREC	ITRE BLVD # 476		Title: Name: Address: City-St-Zip:	V.P. (X) C LATINI, ALFIERO VIA ROMA N 249 JESI ITALIA, IT 6	60035	
Title: Name: Address: City-St-Zip:	AIZMAN, BENIA	ITRE BLVD # 476		Title: Name: Address: City-St-Zip:	DS (X) C DRAGHETTI, ORI LARGO SALVATO JESI ITALIA, IT	DRE ALLENDE 11	
Title: Name: Address: City-St-Zip:	LATINI, ALFIER VIA TOSCANA			Title: Name: Address: City-St-Zip:	()0	Change () Addition	
Title: Name: Address: City-St-Zip:	DRAGHETTI, C	ENDE 11 60035		Title: Name: Address: City-St-Zip:	()0	Change () Addition	

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: MR. GIANLUCA LATINI P 03/30/2009