


**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 25, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P06000001000</b> 1. Entity Name PININFARINA EXTRA USA CORP.	
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Principal Place of Business 848 BRICKELL AVE STE 830 MIAMI, FL 33131	Mailing Address 848 BRICKELL AVE STE 830 MIAMI, FL 33131
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01242008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 20-4235061	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**

RENEE ADWAR, P.A.  
848 BRICKELL AVE.  
SUITE 830  
MIAMI, FL 33131

**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

U000000835936  
02/29/08-80054-025 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PININ FARINA, PAOLO 848 BRICKELL AVE STE 830 MIAMI, FL 33131
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP LODATO, FRANCO 848 BRICKELL AVE., SUITE 830 MIAMI, FL 33131
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S AMERI, MAURIZIO 848 BRICKELL AVENUE, SUITE 830 MIAMI, FL 33131
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T ALBERTINI, GIANFRANCO 848 BRICKELL AVENUE, SUITE 830 MIAMI, FL 33131
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions 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:**  **2/15/08 305-374 4422**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #