

**2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P15000046566

**Entity Name:** CONSIGLI KNIVES, INC.

**Current Principal Place of Business:**

4179 CRYSTAL LAKE DRIVE  
DEERFIELD BEACH, FL 33064

**Current Mailing Address:**

4179 CRYSTAL LAKE DRIVE  
DEERFIELD BEACH, FL 33064

**FEI Number:** APPLIED FOR

**Certificate of Status Desired:** No

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

BOLOGNA, STEFANIA  
150 S.E. 2ND AVE., STE 1010  
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

\_\_\_\_\_ Date

**Officer/Director Detail :**

Title            DPS  
Name            BONANNO, SUSANNA  
Address        4179 CRYSTAL LAKE DRIVE  
City-State-Zip: DEERFIELD BEACH FL 33064

Title            VPT  
Name            CONSIGLI, PIETRO  
Address        VIA MONS GIULIANO AGRESTI 19  
City-State-Zip: BARBERINO DI MUGELLO FI, ITALY  
50031

*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:** SUSANNA BONANNO

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04/19/2016

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date