

**2019 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P18000005531

**Entity Name:** ETTORE GALASSO USA, INC.**Current Principal Place of Business:**100 S.E. 2ND STREET, SUITE #3800  
MIAMI, FL 33131**Current Mailing Address:**100 S.E. 2ND STREET, SUITE #3800  
MIAMI, FL 33131 US**FEI Number:** APPLIED FOR**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**BOLOGNA, STEFANIA ESQ.  
100 S.E. 2ND STREET, SUITE #3800  
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	D/P
Name	GALASSO, ETTORE
Address	VIA ADRIATICA SUD N. 89, FRANCAVILLA AL
City-State-Zip:	MARE (CH), ITALY 66023

Title	VST
Name	ANTONELLI, ANTONIO
Address	VIA ADRIATICA SUD N. 89, FRANCAVILLA AL
City-State-Zip:	MARE (CH), ITALY 66023

Title	VP
Name	GALASSO, GIULIA
Address	VIA ADRIATICA SUD N. 89 FRANCAVILLA AL
City-State-Zip:	MARE (CH), ITALY 66023

*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:** ANTONIO ANTONELLI

VP

04/30/2019

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