

**2024 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F22000002094

**Entity Name:** CALEFFI NORTH AMERICA INCORPORATED**Current Principal Place of Business:**3883 WEST MILWAUKEE ROAD  
MILWAUKEE, WI 53208**Current Mailing Address:**1942 BROADWAY ST. STE314C  
BOULDER, CO 80302 US**FEI Number:** 01-0549170**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**NORTHWEST REGISTERED AGENT LLC  
7901 4TH ST N STE 300  
ST. PETERSBURG, FL 33702 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	PRESIDENT
Name	GULLICKSON, TINA
Address	3883 W MILWAUKEE RD
City-State-Zip:	MILWAUKEE WI 53208

Title	SECRETARY
Name	SCHREINER, MIKE
Address	3883 W MILWAUKEE RD
City-State-Zip:	MILWAUKEE WI 53208

Title	TREASURER
Name	MONTI, GIOVANNI
Address	3883 W MILWAUKEE RD
City-State-Zip:	MILWAUKEE WI 53208

Title	DIRECTOR
Name	OLSON, MARK
Address	3883 W MILWAUKEE RD
City-State-Zip:	MILWAUKEE WI 53208

Title	DIRECTOR
Name	CALEFFI, MARCO
Address	3883 W MILWAUKEE RD
City-State-Zip:	MILWAUKEE WI 53208

Title	DIRECTOR
Name	CASARINO, SERGIO
Address	3883 WEST MILWAUKEE ROAD
City-State-Zip:	MILWAUKEE WI 53208

Title	DIRECTOR
Name	SCHREINER, MIKE
Address	3883 W MILWAUKEE RD
City-State-Zip:	MILWAUKEE WI 53208

Title	DIRECTOR
Name	MONTI, GIOVANNI
Address	3883 W MILWAUKEE RD
City-State-Zip:	MILWAUKEE WI 53208

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*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:** TINA GULLICKSON**PRESIDENT****02/06/2024**

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title	DIRECTOR
Name	GULLICKSON, TINA
Address	3883 WEST MILWAUKEE ROAD
City-State-Zip:	MILWAUKEE WI 53208