

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 24, 2006 8:00 am
Secretary of State

04-24-2006 90369 022 ***150.00

DOCUMENT # F00000004848

1. Entity Name
SELLA HOLDING BANCA S.P.A.



Principal Place of Business
**801 BRICKELL AVENUE STE 1970
MIAMI, FL 33131**

Mailing Address
**801 BRICKELL AVENUE STE 1970
MIAMI, FL 33131**



2. Principal Place of Business
801 Brickell Avenue
Suite, Apt. #, etc.
Ste 1970

3. Mailing Address
801 Brickell Avenue
Suite, Apt. #, etc.
Ste 1970

03232006 Chg-P CR2E034 (11/05)

City & State
Miami, FL

City & State
Miami, FL

4. FEI Number
65-1041815

Applied For
 Not Applicable

Zip
33131

Country

Zip
33131

Country

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**BANCA SELLA MIAMI AGENCY
801 BRICKELL AVENUE STE 1970
MIAMI, FL 33131**

7. Name and Address of New Registered Agent

Name **BANCA SELLA MIAMI AGENCY**
Street Address (P.O. Box Number is Not Acceptable)
801 Brickell Avenue Ste 1970
City **Miami** **FL** Zip Code **33131**

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  **Paul Koch General Manager**

4/17/06
DATE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

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

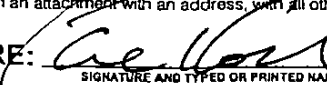
10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	GM KOCH, PAUL 801 BRICKELL AVE., # 1970 MIAMI, FL 33131 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SELLA, LODOVICO REGIONE SAN GEROLAMO 1 13900 BIELLA, ITALY, <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SELLA, FRANCO VIA VARELLI 3 13900 BIELLA, ITALY, <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO PIETRO, SELLA REGIONE SAN GEROLAMO 1 BIELLA, ITALY, 13900 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SELLA, MAURIZIO REGIONE SAN GEROLAMO 1 13900 BIELLA, ITALY, <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VIOLA, ATTILIO REGIONE BERCOLA 3 BEILLA, ITALY, 13900 <input checked="" type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

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:  **Paul Koch General Manager 4-13-06**

(305)539-1000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #