


**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 21, 2008 08:00 A**  
**Secretary of State**

DOCUMENT # F00000004848  
 1. Entity Name  
 SELLA HOLDING BANCA S.P.A.



Principal Place of Business      Mailing Address  
 801 BRICKELL AVE                      801 BRICKELL AVE  
 STE 1970                                      STE 1970  
 MIAMI, FL 33131                          MIAMI, FL 33131

**DO NOT WRITE IN THIS SPACE**



03182008      No Chg-P      CR2E034 (11/05)

4. FEI Number      Applied For  
 65-1041815      Not Applicable

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

6. Name and Address of Current Registered Agent  
 SELLA HOLDING BANCA MIAMI AGENCY  
 801 BRICKELL AVNEUE  
 SUITE 1970  
 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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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

DATE  
 04/08/08-80004-011 150.00

10. OFFICERS AND DIRECTORS

TITLE	GM
NAME	KOCH, PAUL
STREET ADDRESS	801 BRICKELL AVE., # 1970
CITY-ST-ZIP	MIAMI, FL 33131
TITLE	V
NAME	SELLA, LODOVICO
STREET ADDRESS	REGIONE SAN GEROLAMO 1
CITY-ST-ZIP	13900 BIELLA, ITALY,
TITLE	V
NAME	SELLA, FRANCO
STREET ADDRESS	VIA VARELLI 3
CITY-ST-ZIP	13900 BIELLA, ITALY,
TITLE	CEO
NAME	PIETRO, SELLA
STREET ADDRESS	REGIONE SAN GEROLAMO 1
CITY-ST-ZIP	BIELLA, ITALY, 13900
TITLE	P
NAME	SELLA, MAURIZIO
STREET ADDRESS	REGIONE SAN GEROLAMO 1
CITY-ST-ZIP	13900 BIELLA, ITALY,
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:   
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/18/08 305-539-1000  
Date      Daytime Phone #