

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 18, 2004 8:00 am**  
**Secretary of State**

03-18-2004 90027 014 \*\*\*150.00

**DOCUMENT # F02000003306**

1. Entity Name

ALVIERO MARTINI USA CORP.



Principal Place of Business

600 MADISON AVE., 12TH FLOOR  
NEW YORK NY 10022

Mailing Address

600 MADISON AVE., 12TH FLOOR  
NEW YORK NY 10022

2. Principal Place of Business

605 MADISON AVENUE

3. Mailing Address

605 MADISON AVENUE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

NEW YORK, NY

City & State

NEW YORK, N.Y.

Zip

10022

Country

USA

Zip

10022

Country

USA

4. FEI Number

13-4171720

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

CERIOTTI, MASSIMILIANO  
4200 CONROY RD #272  
ORLANDO FL 32839

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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)

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2004 Fee will be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE: DP  
NAME: MARTINI, ALVIERO ☐ Delete  
STREET ADDRESS: VIA CASTELMORRONE 26-20129  
CITY-ST-ZIP: MILANO, ITALY

TITLE: DV  
NAME: CESARETTI, ANDREA ☐ Delete  
STREET ADDRESS: VIA CASTELMORRONE 26-20129  
CITY-ST-ZIP: MILANO, ITALY

TITLE: DVT  
NAME: RIVERA, PIER DOMENICO ☐ Delete  
STREET ADDRESS: VIA CASTELMORRONE 26-20129  
CITY-ST-ZIP: MILANO, ITALY

TITLE: VPS  
NAME: GALASSO, RALPH J ☐ Delete  
STREET ADDRESS: 600 MADISON AVE., 12TH FL  
CITY-ST-ZIP: NEW YORK NY 10022

TITLE: S  
NAME: HEMMING, RANDALL J ☐ Delete  
STREET ADDRESS: 605 MADISON AVE.  
CITY-ST-ZIP: NEW YORK NY 10022

TITLE: ☐ Delete  
NAME: ☐ Delete  
STREET ADDRESS: ☐ Delete  
CITY-ST-ZIP: ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE: ☐ Change ☐ Addition  
NAME: ☐ Change ☐ Addition  
STREET ADDRESS: ☐ Change ☐ Addition  
CITY-ST-ZIP: ☐ Change ☐ Addition

TITLE: ☐ Change ☐ Addition  
NAME: ☐ Change ☐ Addition  
STREET ADDRESS: ☐ Change ☐ Addition  
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NAME: ☐ Change ☐ Addition  
STREET ADDRESS: ☐ Change ☐ Addition  
CITY-ST-ZIP: ☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

*Randall J Hemming*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3-8-04