

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F02000003914

Entity Name: MARCOLIN U.S.A., INC.

FILED
Apr 23, 2008
Secretary of State

Current Principal Place of Business:

7543 EAST TIERRA BUENA LANE
SCOTTSDALE, AZ 85260

New Principal Place of Business:

Current Mailing Address:

7543 EAST TIERRA BUENA LANE
SCOTTSDALE, AZ 85260

New Mailing Address:

FEI Number: 11-2617368

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PCD () Delete
Name: MARCOLIN, MAURIZIO
Address: 7543 EAST TIERRA BUENA LANE
City-St-Zip: SCOTTSDALE, AZ 85260

Title: VT () Delete
Name: IVENZ, JOSEPH M
Address: 7543 EAST TIERRA BUENA LANE
City-St-Zip: SCOTTSDALE, AZ 85260

Title: CEO () Delete
Name: BORTUZZO, ANTONIO
Address: 14100 PALMETO FRONTAGE RD. STE 107
City-St-Zip: MIAMI LAKES, FL 33016

Title: D () Delete
Name: MARCOLIN, CIRILLO
Address: 7543 E TIERRA BUENA LANE
City-St-Zip: SCOTTSDALE, AZ 85260

Title: S () Delete
Name: PERINI, NICOLA
Address: 7543 E TIERRA BUENA LANE
City-St-Zip: SCOTTSDALE, AZ 85260

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: CEO (X) Change () Addition
Name: SARACCHI, MASSIMO
Address: 14100 PALMETO FRONTAGE RD. STE 107
City-St-Zip: MIAMI LAKES, FL 33016

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: JOSEPH M IVENZ

VT

04/23/2008

Electronic Signature of Signing Officer or Director

Date