

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F02000005554

Entity Name: C F GOMMA, USA, INC.

FILED
Jul 08, 2005
Secretary of State

Current Principal Place of Business:

6630 BROADWAY AVENUE
JACKSONVILLE, FL 32254 US

New Principal Place of Business:

Current Mailing Address:

6630 BROADWAY AVENUE
JACKSONVILLE, FL 32254

New Mailing Address:

6630 BROADWAY AVENUE
JACKSONVILLE, FL 32254 US

FEI Number: 35-2035879

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

LUDWIG & BUNN, P.A.
5150 BELFORT ROAD S. BLDG 500
JACKSONVILLE, FL 32256 US

Name and Address of New Registered Agent:

MCCALL, MIKE
6630 BROADWAY
JACKSONVILLE, FL 32254 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: MIKE MCCALL

07/08/2005

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: C () Delete
Name: CANCARINI, PIERFEDERICO
Address: VIA S ANONIO,59, 1-25050
City-St-Zip: PASSIRANO (BS) ITALY, IT OC

Title: D () Delete
Name: FAITA, RENATO
Address: VIA S ANONIO,59, 1-25050
City-St-Zip: PASSIRANO (BS) ITALY, OC

Title: D () Delete
Name: GARLETTI, SILVANO
Address: VIA S ANONIO,59, 1-25050
City-St-Zip: PASSIRANO (BS) ITALY, IT OC

Title: D () Delete
Name: BERTONI, DANIEL
Address: VIA S ANONIO,59, 1-25050
City-St-Zip: PASSIRANO (BS) ITALY, IT OC

Title: D () Delete
Name: FORZI, ANDREA
Address: VIA S ANONIO,59, 1-25050
City-St-Zip: PASSIRANO (BS) ITALY, OC

Title: S () Delete
Name: FUGATE, CECIL
Address: 6630 BROADWAY AVENUE
City-St-Zip: JACKSONVILLE, FL 32254

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: D (X) Change () Addition
Name: MCCALL, MIKE
Address: 6630 BROADWAY AVENUE
City-St-Zip: JACKSONVILLE, FL 32254 US

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

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

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 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 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: MIKE MCCALL

D

07/08/2005

Electronic Signature of Signing Officer or Director

Date