

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F03000004179

Entity Name: PIANEGONDA USA, INC.

FILED  
May 03, 2005  
Secretary of State

**Current Principal Place of Business:**

1556 ALTON ROAD  
MIAMI BEACH, FL 33139

**New Principal Place of Business:**

**Current Mailing Address:**

1556 ALTON ROAD  
MIAMI BEACH, FL 33139

**New Mailing Address:**

FEI Number: 30-0089741      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 323012525 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

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: PD ( ) Delete  
Name: PIANEGONDA, FRANCO  
Address: 600 MADISON AVENUE, 12TH FLOOR  
City-St-Zip: NEW YORK, NY 10022

Title: ST ( ) Delete  
Name: MICHELI, PAOLO  
Address: 600 MADISON AVENUE, 12TH FLOOR  
City-St-Zip: NEW YORK, NY 10022

Title: DAS ( ) Delete  
Name: CARENZA, PIETRO  
Address: 600 MADISON AVENUE, 12TH FLOOR  
City-St-Zip: NEW YORK, NY 10022

Title: AS ( ) Delete  
Name: FIRESTONE, JOHN R  
Address: 600 MADISON AVENUE, 12TH FLOOR  
City-St-Zip: NEW YORK, NY 10022

Title: D ( ) Delete  
Name: PIANEGONDA, MARIA-LUISA  
Address: 600 MADISON AVENUE, 12TH FLOOR  
City-St-Zip: NEW YORK, NY 10022

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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:

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

Title: VP ( ) Change (X) Addition  
Name: CAPOFERRO, RAFFAELLE  
Address: 1556 ALTON RD  
City-St-Zip: MIAMI, FL 33178

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: RAFFAELE CAPOFERRO

VP

05/03/2005

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date