

2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

**FILED
May 02, 2006
Secretary of State**

DOCUMENT# F03000004179

Entity Name: PIANEGONDA USA, INC.

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

OFFICERS AND DIRECTORS:

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

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

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

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
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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 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: RAFFAELE CAPOFERRO

VP

05/02/2006

Electronic Signature of Signing Officer or Director

Date