

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 28, 2004 8:00 am
Secretary of State

04-28-2004 90298 014 ***150.00

44038986



04062004 No Chg-P CR2E034 (10/03)

4. FEI Number
06-1507509

Applied For
Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

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

**DO NOT WRITE
IN THIS SPACE**

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**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE D
NAME SANTIAGO, CLAUDI
STREET ADDRESS VIA FELICE MATTEUCCI, 2, 50128
CITY-ST-ZIP FLORENCE, ITALY,

TITLE D
NAME NAJAR, JEAN-CLAUDE
STREET ADDRESS VIA FELICE MATTEUCCI, 2, 50128
CITY-ST-ZIP FLORENCE, ITALY,

TITLE D
NAME GIULIANO, STEFANO
STREET ADDRESS VIA FELICE MATTEUCCI, 2, 50128
CITY-ST-ZIP FLORENCE, ITALY,

TITLE P
NAME WILEMAN, JAY
STREET ADDRESS VIA FELICE MATTEUCCI, 2, 50128
CITY-ST-ZIP FLORENCE, ITALY,

TITLE VP
NAME EYEN, JOHN
STREET ADDRESS 1480 VALLEY CENTER PKWY
CITY-ST-ZIP BETHLEHEM, PA 18017

TITLE VP
NAME DUMENIGO, JOSE
STREET ADDRESS 2707 NORTH LOOP WEST
CITY-ST-ZIP HOUSTON, TX 77088

**DO NOT WRITE
IN THIS SPACE**

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: Barbara A. Melita Barbara A. Melita

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 4/14/04

Daytime Phone # _____