2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 07, 2005
Secretary of State

DOCUMENT# F04000003039

Entity Name: SANTICA U.S.A. INC.

Current Principal Place of Business:

4811 LYONS TECHNOLOGY PARKWAY
SUITE 23
COCONUT CREEK, FL 33073

New Principal Place of Business:

1141 SOUTH ROGERS CIRCLE
SUITE #5
BOCA RATON, FL 33487

Current Mailing Address:

4811 LYONS TECHNOLOGY PARKWAY
SUITE 23
COCONUT CREEK, FL 33073

New Mailing Address:

1141 SOUTH ROGERS CIRCLE
SUITE #5
BOCA RATON, FL 33487

FEI Number: 01-0774069 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CATALFAMO, EDMONDO
4811 LYONS TECHNOLOGY PKWY STE. 23
COCONUT CREEK, FL 33073 US

Name and Address of New Registered Agent:

CATALFAMO, EDMONDO
1141 SOUTH ROGERS CIRCLE
SUITE #5
BOCA RATON, FL 33487 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: EDMONDO CATALFAMO 09/07/2005
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: DPT ( ) Delete
Name: CATALFAMO, EDMONDO
Address: 4811 LYONS TECHNOLOGY PARKWAY STE. 23
City-St-Zip: COCONUT CREEK, FL 33073

Title: DVPS ( ) Delete
Name: NOTARO, NICOLO
Address: 4811 LYONS TECHNOLOGY PARKWAY STE. 23
City-St-Zip: COCONUT CREEK, FL 33073

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DPT (X) Change ( ) Addition
Name: CATALFAMO, EDMONDO
Address: 1141 SOUTH ROGERS CIRCLE, #5
City-St-Zip: BOCA RATON, FL 33487

Title: DVPS (X) Change ( ) Addition
Name: NOTARO, NICOLO
Address: 1141 SOUTH ROGERS CIRCLE, #5
City-St-Zip: BOCA RATON, FL 33487

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: EDMONDO CATALFAMO DPT 09/07/2005
Electronic Signature of Signing Officer or Director Date