

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 21, 2006 08:00 AM
Secretary of State

DOCUMENT # F04000003955

1. Entity Name
MACCAFERRI, INC.



Principal Place of Business
**10303 GOVERNOR LANE BLVD
WILLIAMSPORT, MD 21795**

Mailing Address
**CORAL GABLES FINANCIAL CENTER
299 ALHAMBRA CIR, STE 314
CORAL GABLES, FL 33134**

VENDOR # Florida
GL ACCT # 734 FGA
DATE POSTED 2/10/06



02092006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
13-1208793

Applied For
Not Applicable

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

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 file if applicable (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	C
NAME	MACCAFERRI, ALESSANDRO
STREET ADDRESS	VIA DEGLI, AGRESTA 6
CITY-ST-ZIP	BOLOGNA, ITALY 40123,
TITLE	VC
NAME	PENZO, LUIGI
STREET ADDRESS	VIA DEGLI, AGRESTA 6
CITY-ST-ZIP	BOLOGNA, ITALY 40123,
TITLE	DCEO
NAME	RAPONI, PAOLO
STREET ADDRESS	10303 GOVERNOR LANE BLVD
CITY-ST-ZIP	WILLIAMSPORT, MD 21795
TITLE	DP
NAME	CIARLA, MASSIMO
STREET ADDRESS	10303 GOVERNOR LANE BLVD
CITY-ST-ZIP	WILLIAMSPORT, MD 21795
TITLE	ST
NAME	GIANNATTASIO, GIUSEPPE
STREET ADDRESS	10303 GOVERNOR LANE BLVD
CITY-ST-ZIP	WILLIAMSPORT, MD 21795
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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03/06/06-80041-011 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/14/06

Date Daytime Phone #