2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 16, 2007 08:00 AM
Secretary of State

DOCUMENT # F04000003955

1. Entity Name
MACCAFERRI, INC.

VENDOR # Florida
ACCT # 134 EFL
AUTHORIZED 7/16/07

Principal Place of Business	Mailing Address
10303 GOVERNOR LANE BLVD WILLIAMSPORT, MD 21795	CORAL GABLES FINANCIAL CENTER 299 ALHAMBRA CIR, STE 314 CORAL GABLES, FL 33134

07052007 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

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
Due by September 14, 2007

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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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07/16/07-80003-010 150.00

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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: _____ 7/10/07 561.623.6910
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #