

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F04000003955

Entity Name: MACCAFERRI, INC.

FILED
Aug 03, 2009
Secretary of State

Current Principal Place of Business:

10303 GOVERNOR LANE BLVD
WILLIAMSPORT, MD 21795

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

FEI Number: 13-1208793 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

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

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: C () Delete
Name: MACCAFERRI, ALESSANDRO
Address: VIA DEGLI, AGRESTA 6
City-St-Zip: BOLOGNA, ITALY 40123,

Title: VC () Delete
Name: PENZO, LUIGI
Address: VIA DEGLI, AGRESTA 6
City-St-Zip: BOLOGNA, ITALY 40123,

Title: DCEO () Delete
Name: RAPONI, PAOLO
Address: 10303 GOVERNOR LANE BLVD
City-St-Zip: WILLIAMSPORT, MD 21795

Title: DP () Delete
Name: CIARLA, MASSIMO
Address: 10303 GOVERNOR LANE BLVD
City-St-Zip: WILLIAMSPORT, MD 21795

Title: ST () Delete
Name: GIANNATTASIO, GIUSEPPE
Address: 10303 GOVERNOR LANE BLVD
City-St-Zip: WILLIAMSPORT, MD 21795

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
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 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: DEBORAH J. SWIFT

ACCT

08/03/2009

Electronic Signature of Signing Officer or Director

_____ Date