

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 24, 2005 08:00 AM
Secretary of State

DOCUMENT # F04000004370

1. Entity Name
BRETON USA CUSTOMERS SERVICE, CORP.



Principal Place of Business
**1777 NORTHGATE BLVD., UNIT A6
SARASOTA, FL 34234-2168**

Mailing Address
**1777 NORTHGATE BLVD., UNIT A6
SARASOTA, FL 34234-2168**



01142005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
13-4135318

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**UNITED CORPORATE SERVICES, INC.
9200 SOUTH DADELAND BLVD., #508
MIAMI, FL 33156**

**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, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD TONCELLI, DARIO 1777 NORTHGATE BLVD., UNIT A6 SARASOTA, FL 342342168
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VS FILIPETTO, GIANRICO 1777 NORTHGATE BLVD., UNIT A6 SARASOTA, FL 342342168
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T DEL MUTOLO, LORENZO 1777 NORTHGATE BLVD., UNIT A6 SARASOTA, FL 342342168
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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01/25/05-90010-007 150.00

**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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/19/05

Date

941-3602700

Daytime Phone #