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Secretary of State

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DOCUMENT # F04000004370				Secretary of State 01-17-2006 90276 019 ***150.00	
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		
2. Principal Place of Business 1753 NORTHGATE BLVD.		3. Mailing Address 1753 NORTHGATE BLVD.			
Suite, Apt. #, etc. N/A		Suite, Apt. #, etc. N/A		01102006 Chg-P CR2E034 (11/05)	
City & State SARASOTA, FLORIDA		City & State SARASOTA, FLORIDA		4. FEI Number 13-4135318	
Zip 34234		Country		5. Certificate of Status Desired <input type="checkbox"/> \$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			7. Name and Address of New Registered Agent		
			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City FL Zip Code		
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 _____ (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. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD TONCELLI, DARIO 1777 NORTHGATE BLVD., UNIT A6 SARASOTA, FL 342342168	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS FILIPPETTO, GIANRICO 1777 NORTHGATE BLVD., UNIT A6 SARASOTA, FL 342342168	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T DEL MUTOLO, LORENZO 1777 NORTHGATE BLVD., UNIT A6 SARASOTA, FL 342342168	<input type="checkbox"/> Delete			
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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:  GIANRICO FILIPPETTO JAN. 10, 2006 (941) 360-2700					