

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # F95000003795

1. Entity Name
SIRTI LIMITED CORP.



Principal Place of Business
1420 SUNNYHILLS DR
BRANDON, FL 33510 US

Mailing Address
P.O. BOX 115
MANGO, FL 33550 US

50025589



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

02282005

Chg-P

CR2E034 (10/03)

City & State

City & State

4. FEI Number

59-3331000

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

NATIONAL CORPORATE RESEARCH, LTD., INC.
103 N. MERIDIAN STREET
TALLAHASSEE, FL 32301-0000

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D ☐ Delete
NAME ROSSI, LIMBERTO
STREET ADDRESS VIA PESTALOZZA 8
CITY-ST-ZIP MILAND- ITALY, 20131

TITLE D ☒ Change ☐ Addition
NAME ROSSI, UMBERTO
STREET ADDRESS VIA PESTALOZZA 8
CITY-ST-ZIP MILANO, ITALY, 20131

TITLE D ☐ Delete
NAME GARCIA, GERARD
STREET ADDRESS 14 ST. MICHAELS CLOSE
CITY-ST-ZIP CROWDER, EAST SUSSEX, tn6 2pt

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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: Umberto Rossi UMBERTO ROSSI 2/28/05 (813) 661-7365
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #