

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F99000004144

FILED
Jan 19, 2005
Secretary of State

Entity Name: FAMILIA USA INC.

Current Principal Place of Business:

590 COLUMBUS AV.
THORNWOOD, NY 10594

New Principal Place of Business:

Current Mailing Address:

590 COLUMBUS AV.
THORNWOOD, NY 10594

New Mailing Address:

FEI Number: 06-1500091

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPDIRECT AGENTS
103 N. MERIDIAN STREET
TALLAHASSEE, FL 32301 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

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: DIAZ-TORRE, EMILIO
Address: 393 DERBY AVENUE
City-St-Zip: ORANGE, CT 06477

Title: VPD () Delete
Name: O'CARROL, FERGUS
Address: 432 LIGUORI RD.
City-St-Zip: EDGERTON, WI 53534

Title: TSD () Delete
Name: ORTEGA, JOSE F
Address: 582 COLUMBUS AVE.
City-St-Zip: THORNWOOD, NY 10594

Title: D () Delete
Name: LASANA, ANDRE
Address: 89 WEST LOGAN STREET
City-St-Zip: LEMONT, IL 60439

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: REILLY, SCOTT
Address: 2595 SPALDING DRIVE
City-St-Zip: ATLANTA, GA 30350

Title: VPD (X) Change () Addition
Name: DIAZ-TORRE, EMILIO
Address: 582 COLUMBUS AVENUE
City-St-Zip: THORNWOOD, NY 10594

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 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 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOSE F. ORTEGA

SEC

01/19/2005

Electronic Signature of Signing Officer or Director

Date