

**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT (AR) - DUE BY MAY 1, 2008**

**FILED**  
**May 09, 2008 8:00 am**  
**Secretary of State**

05-09-2008 90062 048 \*\*\*138.75

DOCUMENT # L07000041918

1. Entity Name

ESSETI USA LLC



Principal Place of Business

1101 BRICKELL AVENUE  
STE. 702 - N  
MIAMI FL 33131  
US

Mailing Address

C/O STATE CAPITAL USA 1101 BRICKELL A  
STE. 702 - N  
MIAMI FL 33131  
US



2. Principal Place of Business - No P.O. Box #  
**444 BRICKELL AVENUE**

3. Mailing Address  
**C/O STATE CAPITAL 444 BRICKELL AVE**

Suite, Apt. #, etc.  
**1150**

Suite, Apt. #, etc.  
**1150**

1st MOORE CR2E083 (10/07)

City & State  
**MIAMI FL**

City & State  
**MIAMI FL**

4. FEI Number  
**26-0165737**

Applied For  
Not Applicable

Zip  
**33131**

Country  
**US**

Zip  
**33131**

Country  
**US**

5. Certificate of Status Desired  **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

ROCCA, GIADA  
800 BRICKELL AVE  
STE. 400  
MIAMI FL 33131

7. Name and Address of New Registered Agent

Name  
**FLORIDA CORPORATE REGISTERED AGENTS, LLC.**

Street Address (P.O. Box Number is Not Acceptable)  
**7200 NW 19 ST.**

**SUITE 301**

City  
**MIAMI**

FL

Zip Code  
**33126**

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  **EDUARDO GONZALEZ** MEMBER MANAGER

DATE **4-22-08**

**FILE NOW!!! FEE IS \$138.75**  
**After May 1, 2008, Fee Will Be \$538.75**  
**Make Check Payable to Florida Department of State.**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE **MGR**  Delete  
NAME **TORRIGLIA, MAURIZIO**  
STREET ADDRESS **V. EMILIA, 9**  
CITY-ST-ZIP **TORTONA, ITALY IT 15055**

TITLE **MGR**  Change  Addition  
NAME **MACCARINI VALENTINO**  
STREET ADDRESS **444 BRICKELL AVENUE SUITE 1150**  
CITY-ST-ZIP **MIAMI FL 33131**

TITLE **MGR**  Delete  
NAME **SEMINO, MARIA CARLA**  
STREET ADDRESS **V. EMILIA, 9**  
CITY-ST-ZIP **TORTONA, ITALY IT 15055**

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **MGR**  Delete  
NAME **MACCARINI, VALENTINO**  
STREET ADDRESS **1101 BRICKELL AVENUE, STE. 702 - N**  
CITY-ST-ZIP **MIAMI FL 33131**

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

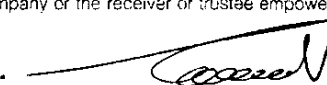
TITLE  Delete  
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STREET ADDRESS  
CITY-ST-ZIP

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

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:  **(VALENTINO MACCARINI)**

DATE **04-22-2008**

CR2E083 2539