

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 03, 2006 08:00 AM
Secretary of State

DOCUMENT # M17452

1. Entity Name
SENNARI U.S.A., INC.



Principal Place of Business

**10775 NW 33RD ST.
MIAMI, FL 33172 US**

Mailing Address

**SAME
MIAMI, FL 33172 US**

DO NOT WRITE IN THIS SPACE



03172006 No Chg-P CR2E034 (11/05)

4. FET Number
59-2548566

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**MARTINEZ, ANA MARIA
10775 NW 33RD ST
MIAMI, FL 33172**

**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, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

000000430241
04/18/06-80046-013 150.00

10. OFFICERS AND DIRECTORS

TITLE **P**
NAME **SEKIMOTO, AKIRA YAZAWA**
STREET ADDRESS **10775 NW 33RD ST**
CITY-ST-ZIP **MIAMI, FL 33172**

TITLE **V**
NAME **YAZAWA, MICHICO**
STREET ADDRESS **10775 NE 33RD ST**
CITY-ST-ZIP **MIAMI, FL 33172**

TITLE **T**
NAME **WEISS, ISAAC**
STREET ADDRESS **10775 NW 33RD ST**
CITY-ST-ZIP **MIAMI, FL 33172**

TITLE **S**
NAME **MARTINEZ, ANA MARIA**
STREET ADDRESS **10775 NW 33RD ST**
CITY-ST-ZIP **MIAMI, FL 33172**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

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 or other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/30/06

305 5977310