

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 02, 2007 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**



03282007 No Chg-P CR2E034 (11/05)

**4. FEI Number**  
**59-2548566**

**Applied For**  
**Not Applicable**

**5. Certificate of Status Desired** ☐

**\$8.75 Additional  
Fee Required**

**DO NOT WRITE IN THIS SPACE**

**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, 2007 Fee will be \$550.00**

**9. Election Campaign Financing**  
**Trust Fund Contribution.** ☐

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

**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, MICHIKO  
**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**

**DO NOT WRITE  
IN THIS SPACE**

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04/06/07-80052-004 150.00

**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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/28/07 305-5917310