

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

5

**FILED**  
**May 27, 2005 8:00 am**  
**Secretary of State**

05-02-2005 90552 017 \*\*\*\*\*50.00  
05-27-2005 90021 011 \*\*\*\*\*11.25

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                             |                                                                                     |                                                                                                                                  |                                                                                                 |  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------|--|
| <b>DOCUMENT # N04000010689</b><br>1. Entity Name<br>APULIA,USA, INC.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                             |                                                                                     |                                                                                                                                  |                |  |
| Principal Place of Business<br>676 W PROSPECT RD.<br>FT. LAUDERDALE, FL 33309                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                             |                                                                                     | Mailing Address<br>676 W PROSPECT RD.<br>FT. LAUDERDALE, FL 33309                                                                |                                                                                                 |  |
| 2. Principal Place of Business<br><i>801 N VENETIAN DR</i><br>Suite, Apt. #, etc.<br><i>MIAMI FL 33139</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                             | 3. Mailing Address<br><i>#1101</i><br>Suite, Apt. #, etc.                           |                                                                                                                                  |                                                                                                 |  |
| City & State<br>City & State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                             | 4. FEI Number<br>04052005 Chg-NP CR2E037 (10/03)                                    |                                                                                                                                  |                                                                                                 |  |
| Zip<br>Country                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                             | Zip<br>Country                                                                      |                                                                                                                                  | 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b> |  |
| 6. Name and Address of Current Registered Agent<br><b>MARCUS, JOEL ANN MARIO MARCUS</b><br>676 W PROSPECT RD.<br>FT. LAUDERDALE, FL 33309                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                             |                                                                                     | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br>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.<br>SIGNATURE <i>[Signature]</i> (NOTE: Registered Agent signature required when reissuing) DATE                                                                                                                                                                                                                                                                                                                     |                                                                                                                             |                                                                                     |                                                                                                                                  |                                                                                                 |  |
| Filing Fee is \$61.25<br>Due by May 1, 2005                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                             | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> |                                                                                                                                  | \$5.00 May Be Added to Fees                                                                     |  |
| Make check payable to Florida Department of State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                             |                                                                                     |                                                                                                                                  |                                                                                                 |  |
| 10. OFFICERS AND DIRECTORS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                             |                                                                                     | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10                                                                            |                                                                                                 |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | D <input type="checkbox"/> Delete<br><b>MARCUS, JOEL ANN MARIO MARCUS</b><br>676 W PROSPECT RD.<br>FT. LAUDERDALE, FL 33309 |                                                                                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                               | <input type="checkbox"/> Change <input type="checkbox"/> Addition                               |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | D <input type="checkbox"/> Delete<br><b>PERRONE, ANBELA</b><br>676 W PROSPECT RD.<br>FT. LAUDERDALE, FL 33309               |                                                                                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                               | <input type="checkbox"/> Change <input type="checkbox"/> Addition                               |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | D <input type="checkbox"/> Delete<br><b>SALIANI, LUCIANA</b><br>676 W PROSPECT RD.<br>FT. LAUDERDALE, FL 33309              |                                                                                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                               | <input type="checkbox"/> Change <input type="checkbox"/> Addition                               |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | D <input type="checkbox"/> Delete<br><i>33139</i>                                                                           |                                                                                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                               | <input type="checkbox"/> Change <input type="checkbox"/> Addition                               |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | D <input type="checkbox"/> Delete                                                                                           |                                                                                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                               | <input type="checkbox"/> Change <input type="checkbox"/> Addition                               |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | D <input type="checkbox"/> Delete                                                                                           |                                                                                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                               | <input type="checkbox"/> Change <input type="checkbox"/> Addition                               |  |
| 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 617, 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: <i>[Signature]</i><br><small>SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                             |                                                                                     | Date: <i>4/26/05</i> Daytime Phone #: <i>954-566-8513</i>                                                                        |                                                                                                 |  |