2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 11, 2009
Secretary of State

DOCUMENT# N95000001385

Entity Name: FONDAZIONE MEMMO, INC.

Current Principal Place of Business:

3550 BISCAYNE BLVD.
SUITE 401
MIAMI, FL 33137

New Principal Place of Business:

Current Mailing Address:

GROUPE MEMMO
14, QUAI JEAN-CHARLES REY
MONACO, MC 98000

New Mailing Address:

FEI Number: 65-0604769 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

FREEMAN, FRANK
666 NORTHEAST 125 STREET
238
MIAMI, FL 33161 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: D ( ) Delete
Name: MEMMO, ROBERTO
Address: 3550 BISCAYNE BLVD., SUITE 401
City-St-Zip: MIAMI, FL 33137

Title: D ( ) Delete
Name: MEMMO, DANIELA
Address: 3550 BISCAYNE BLVD., SUITE 401
City-St-Zip: MIAMI, FL 33137

Title: D ( ) Delete
Name: MEMMO, PATRIZIA
Address: 3550 BISCAYNE BLVD., SUITE 401
City-St-Zip: MIAMI, FL 33137

Title: D ( ) Delete
Name: FREEMAN, FRANK
Address: 3550 BISCAYNE BLVD., SUITE 401
City-St-Zip: MIAMI, FL 33137

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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 exemption stated 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 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: ROBERTO MEMMO DD 02/11/2009

Electronic Signature of Signing Officer or Director — Date