2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P00000097549

VIA MAMELI 84

LIVORNO ITALY,

Address: City-St-Zip:

Entity Name: PALUMBO USA MIAMI, INC.

FILED Apr 24, 2003 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 8405 NW 53 SRT SUITE B-220 MIAMI, FL 33166 **Current Mailing Address: New Mailing Address:** 8405 NW 53 SRT 8290 NW 27TH STREET SUITE B-220 SUITE 604 MIAMI, FL 33166 MIAMI, FL 33122 US **FEI Number:** FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired (X) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: HENRIQUEZ, MARIA ARAN CORREA & GUARCH, P.A. 710 SOUTH DIXIE HIGHWAY 1042 SW 78TH STREET MIAMI, FL 33144 CORAL GABLES, FL 33146 US 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: LISA Y. CLEMENTS 04/24/2003 Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete Title: Title: () Change () Addition FILIPPO, PALUMBO Name: Name: VIALE ITALIA 137 Address: Address: City-St-Zip: LIV ITALY, City-St-Zip: Title: VΡ Title: () Delete () Change () Addition Name: LARES, PEDRO Name: CALLE EL CARMEN URB DOS CAMINOS Address: Address: CARCACAS VENEZUELA, City-St-Zip: City-St-Zip: (X) Delete Title: Title: () Change () Addition HENRIQUEZ, MARIA AYRA Name: Name: 1042 SW 78TH COURT Address: Address: City-St-Zip: MIAMI, FL 33144 City-St-Zip: Title: () Delete Title: () Change () Addition PERRINO, ROBERTO Name: Name: Address: VIA DEI SALICI 231 Address: City-St-Zip: City-St-Zip: LIVORNO ITALY. Title: Title: () Delete () Change () Addition MORETTI, MAURO Name: Name:

I hereby certify that the information supplied with this filing does not qualify for the 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 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

Address:

City-St-Zip:

SIGNATURE: PERRINO ROBERTO T 04/24/2003