

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000114821

**FILED**  
**Mar 30, 2010**  
**Secretary of State**

**Entity Name:** LATIN AMERICAN NAUTILUS U.S.A. INC.

**Current Principal Place of Business:**

200 SOUTH BISCAYNE BLVD  
SUITE 4600  
MIAMI, FL 33131

**New Principal Place of Business:**

**Current Mailing Address:**

200 SOUTH BISCAYNE BLVD  
SUITE 4600  
MIAMI, FL 33131

**New Mailing Address:**

**FEI Number:** 65-1118500      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 323012525 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

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: O  
Name: FALZONI, EDUARDO  
Address: 200 SOUTH BISCAYNE BOULEVARD, SUITE #4600  
City-St-Zip: MIAMI, FL 33131

Title: D  
Name: D'OVIDIO, STEFANO  
Address: 200 S BISCAYNE BLVD SUITE 4600  
City-St-Zip: MIAMI, FL 33131

Title: D&O  
Name: ARMATO, FRANCESCO  
Address: 200 S BISCAYNE BLVD SUITE 4600  
City-St-Zip: MIAMI, FL 33131

Title: D&O  
Name: FERRIGNO, MARIA T  
Address: 200 S BISCAYNE BLVD SUITE 4600  
City-St-Zip: MIAMI, FL 33131

I hereby 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 all other like empowered.

SIGNATURE: EDUARDO FALZONI

TREA

03/30/2010

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date