

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000014335

FILED  
Jan 16, 2008  
Secretary of State

Entity Name: DEA U.S.A., INC.

**Current Principal Place of Business:**

6043 N.W. 167TH STREET  
A-21  
MIAMI, FL 33015 US

**New Principal Place of Business:**

**Current Mailing Address:**

6043 N.W. 167TH STREET  
A-21  
MIAMI, FL 33015 US

**New Mailing Address:**

FEI Number: 65-1081188      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

PIERO SALUSSOLIA CORPORATE MANAGEMENT, INC  
1548 BRICKELL AVENUE  
MIAMI, FL 33129 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: T ( ) Delete  
Name: MANTELLASSI, THOMAS  
Address: VIA STATALE 659/A  
City-St-Zip: QUARRATE, PT 51039 IT

Title: VP ( ) Delete  
Name: MANTELLASSI, MARCO  
Address: VIA STATALE 659/A  
City-St-Zip: QUARRATE, PT 51039 IT

Title: D,P ( ) Delete  
Name: BERINI, SABRINA  
Address: VIA STATALE 659/A  
City-St-Zip: QUARRATE, PT 51039 IT

Title: S ( ) Delete  
Name: BERINI, EMANUELE  
Address: VIA STATALE 659/A  
City-St-Zip: QUARRATE, PT 51039 IT

Title: VP ( ) Delete  
Name: MANTELLASSI, CRISTINA  
Address: VIA STATALE 659/A  
City-St-Zip: QUARRATE, PT 51039 IT

**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:

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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: FIONA SIMON

Electronic Signature of Signing Officer or Director

MANA

01/16/2008

\_\_\_\_\_ Date