

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000034190

**FILED**  
**Apr 28, 2004**  
**Secretary of State**

**Entity Name:** SIGEST U.S.A., INC.

**Current Principal Place of Business:**

235 FT. LAUDERDALE BEACH BLVD.  
FORT LAUDERDALE, FL 33316

**New Principal Place of Business:**

**Current Mailing Address:**

235 FT. LAUDERDALE BEACH BLVD.  
FORT LAUDERDALE, FL 33316

**New Mailing Address:**

**FEI Number:** 65-1093650      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired (X)**

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

BALDI, LEONARDO  
519 ANTIOCH AVE.  
FORT LAUDERDALE, FL 33316      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: P ( ) Delete  
Name: BALDI, LEONARDO  
Address: 519 ANTIOCH AVE.  
City-St-Zip: FORT LAUDERDALE, FL 33316

Title: S ( ) Delete  
Name: FICCA, SILVIA  
Address: 519 ANTIOCH AVE.  
City-St-Zip: FORT LAUDERDALE, FL 33316

Title: VP (X) Delete  
Name: OTTAZZI, PAOLO  
Address: CORSO SAVONA 355/363  
City-St-Zip: 14100 ASTI, ITALY,

**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:

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.

SIGNATURE: LEONARDO BALDI

P

04/28/2004

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date