


**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 17, 2003 8:00 am
Secretary of State

03-17-2003 90463 030 ***163.75

DOCUMENT # *PO1000034190*

1. Entity Name
SIGEST U.S.A., Inc.



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
235 S. Ft.Lauderdale Beach Blvd.

3. Mailing Address
235 S. Ft.Lauderdale Beach Blvd.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Fort Lauderdale, Florida

City & State
Fort Lauderdale, Florida

4. FEI Number 651093650

Applied For
Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

City & State
Fort Lauderdale, Florida

Country USA

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Fort Lauderdale, Florida

Country USA

5. Certificate of Status Desired \$8.75 Additional Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name **Leonardo Baldi**

Street Address (P.O. Box Number is Not Acceptable)
519 Antioch Ave.

City **Fort Lauderdale** FL Zip Code **33316**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Leonardo Baldi* DATE **3/11/2003**

Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when registering)

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Leonardo Baldi 519 Antioch Ave. Fort Lauderdale FL 33316	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Silvia Ficca 519 Antioch Ave. Fort Lauderdale, FL, 33316	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Paolo Ottazzi Corso Savona 355/363 Asti, Italy, 14100	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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CR2E034B (12/02)

12. I hereby certify that the information supplied with this filing does not qualify 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 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 in Block 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: *Leonardo Baldi* Date **3/11/03** Daytime Phone: **354-463-7677**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR