

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2005 8:00 am
Secretary of State

04-28-2005 90217 032 ***150.00

DOCUMENT # P01000090549

1. Entity Name
MIGUEL PILATO USA, INC.



Principal Place of Business
**4970 SW 52ND STREET
A#306
FORT LAUDERDALE, FL 33314**

Mailing Address
**4970 SW 52ND STREET
A#306
FORT LAUDERDALE, FL 33314**

14006469



2. Principal Place of Business
**8375 SW 5 Street
Suite, Apt. #, etc.
B10 #206**

3. Mailing Address
**8375 SW 5 Street
Suite, Apt. #, etc.
B10 #206**

04142005 Chg-P CR2E034 (10/03)

City & State
Pembroke Pines, FL
Zip
33025 Country

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Pembroke Pines, FL
Zip
33025 Country

4. FEI Number
65-1137692 Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**MALFELD, GARY D
8420 NW 52ND STREET
SUITE 107
MIAMI, FL 33166**

7. Name and Address of New Registered Agent

Name **Sebastian Pilato**
Street Address (P.O. Box Number is Not Acceptable)
8375 SW 5 Street, B10 #206
Pembroke Pines
City **FL** Zip Code **33025**

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 Signature, typed or printed name of registered agent and title if applicable.

Director (NOTE: Registered Agent signature required when reinstating)

4/19/05 DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE **PD** ☐ Delete
NAME **PILATO, ALBERTO MIGUEL**
STREET ADDRESS **AV. TRIUNVIRATO**
CITY-ST-ZIP **BUENOS AIRES, ARGENTINA, 3662**

TITLE **DST** ☐ Delete
NAME **PILATO, SEBASTIAN**
STREET ADDRESS **AV. TRIUNVIRATO**
CITY-ST-ZIP **BUENOS AIRES, ARGENTINA, 3662**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **8375 SW 5 Street, B10 #206**
CITY-ST-ZIP **Pembroke Pines, FL 33025**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/19/05 Date

Daytime Phone #