


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 06, 2005 08:00 AM
Secretary of State

DOCUMENT # P02000012064	
1. Entity Name CAVUROTTO USA, INC.	

Principal Place of Business 1102 LINCOLN ROAD MIAMI BEACH, FL 33139-2425 US	Mailing Address 1102 LINCOLN ROAD MIAMI BEACH, FL 33139-2425 US
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01312005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 73-1629836	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent FERNANDEZ, LUIS LUCAS 366 MINORCA AVENUE CORAL GABLES, FL 33134-4304

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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 _____ (NOTE: Registered Agent signature required when reinstating) 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 NAME STREET ADDRESS CITY - ST - ZIP	DP CERUTTI, SACHA A 1102 LINCOLN ROAD MIAMI BEACH, FL 331392425
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D CERUTI, GIANMARCO 1102 LINCOLN ROAD MIAMI BEACH, FL 331392425
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP GUEVENTER, ROBERTO 1102 LINCOLN ROAD MIAMI BEACH, FL 331392425
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ST KURKOU, NADIA 1102 LINCOLN ROAD MIAMI BEACH, FL 331392425
TITLE NAME STREET ADDRESS CITY - ST - ZIP	AS FERNANDEZ, LUIS LUCAS 366 MINORCA AVENUE CORAL GABLES, FL 331344304
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

U000000289336 04/06/05-80021-015 150.00
DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: NADIA KURKOU ST 04-04-05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #