

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 13, 2006 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



02172006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
73-1629836

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

FERNANDEZ, LUIS LUCAS
366 MINORCA AVENUE
CORAL GABLES, FL 33134-4304

**DO NOT WRITE
IN THIS SPACE**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

1102000463250
03/21/06-80066-020 150.00

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

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 (NADIA KURKOU-ST)
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/07/06 305-672-7911
Date Daytime Phone if