

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 20, 2008 8:00 am**  
**Secretary of State**

03-20-2008 90024 027 \*\*\*150.00

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

50000098



02052008 No Chg-P CR2E034 (11/05)

4. FEI Number  
73-1629836

Applied For  
Not Applicable

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

**DO NOT WRITE IN THIS SPACE**

**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

**10. OFFICERS AND DIRECTORS**

TITLE	DP
NAME	CERUTII, SACHA A
STREET ADDRESS	1102 LINCOLN ROAD
CITY-ST-ZIP	MIAMI BEACH, FL 331392425
TITLE	D
NAME	CERUTI, GIANMARCO
STREET ADDRESS	1102 LINCOLN ROAD
CITY-ST-ZIP	MIAMI BEACH, FL 331392425
TITLE	ST
NAME	KURKOU, NADIA
STREET ADDRESS	1102 LINCOLN ROAD
CITY-ST-ZIP	MIAMI BEACH, FL 331392425
TITLE	AS
NAME	FERNANDEZ, LUIS LUCAS
STREET ADDRESS	366 MINORCA AVENUE
CITY-ST-ZIP	CORAL GABLES, FL 331344304
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE  
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  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/18/08  
Date

Daytime Phone #