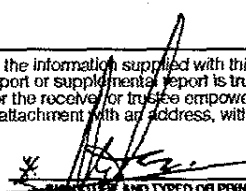


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 03, 2004 08:00 AM
Secretary of State

DOCUMENT # P02000096671		
1. Entity Name MONTANARI USA CORPORATION		
Principal Place of Business C/O 407 LINCOLN RD STE 11-L MIAM BCH, FL 33139		Mailing Address C/O 407 LINCOLN RD STE 11-L MIAM BCH, FL 33139
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent ODELLA, NELSON 407 LINCOLN RD STE 11-L MIAMI BCH, FL 33139		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)		
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 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 MONTANARI, JAVIER A C/O 407 LINCOLN RD STE 11-L MIAMI BCH, FL 33139	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT MONTANARI, ALBERTO C/O 407 LINCOLN RD STE 11-L MIAMI BCH, FL 33139	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS PICCOLO, MARIA C C/O 407 LINCOLN RD STE 11-L MIAM BCH, FL 33139	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS 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)(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:  MONTANARI, R.A.		04/30/04 305-226-3860



04302004 No Chg-P CR2E034 (10/03)

4. FEI Number
16-1633253

Applied For
☐ Not Applicable

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

U00000151508
05/04/04-80048-019 150.00

**DO NOT WRITE
IN THIS SPACE**