2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2004
Secretary of State

DOCUMENT# P02000118294

Entity Name: ALEPH CLERICI INC

Current Principal Place of Business:

1717 NORTH BAYSHORE DRIVE
2147
MIAMI, FL 33132

New Principal Place of Business:

Current Mailing Address:

1717 NORTH BAYSHORE DRIVE
2147
MIAMI, FL 33132

New Mailing Address:

FEI Number: 16-1637744 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CLERICI, GABRIELE
1717 NORTH BAYSHORE DRIVE
2147
MIAMI, FL 33132

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: CLERICI, GABRIELE
Address: 1717 NORTH BAYSHORE DRIVE# 2147
City-St-Zip: MIAMI, FL 33132

Title: D ( ) Delete
Name: CLERICI, AMERIGO
Address: 665 HIGH POINT #D
City-St-Zip: DELRAY, FL 33445

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GABRIELE CLERICI D 05/01/2004

Electronic Signature of Signing Officer or Director — Date