


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 07, 2004 8:00 am
Secretary of State

05-07-2004 90129 015 ***158.75

DOCUMENT # P02000132829 1. Entity Name CASOLI MOTO USA, INC.			
Principal Place of Business OAKWOOD CENTRE 14100 US HWY 19N SUITE 117 CLEARWATER, FL 33762		Mailing Address OAKWOOD CENTRE 14100 US HWY 19N SUITE 117 CLEARWATER, FL 33762	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address <u>5408 St James Dr</u> Suite, Apt. #, etc.	
City & State Zip		City & State <u>New Port Richey, FL</u> Zip <u>34652</u>	
Country <u>USA</u>		4. FEI Number <u>02-0657167</u>	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required		Applied For Not Applicable	
6. Name and Address of Current Registered Agent SPIEGEL & UTRERA, P.A. 1840 SW 22ND ST. 4TH FLOOR MIAMI, FL 33145		7. Name and Address of New Registered Agent Name <u>Kelly Drew</u> Street Address (P.O. Box Number is Not Acceptable) <u>5408 St James Drive</u> City <u>New Port Richey</u> FL Zip Code <u>34652</u>	
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 <u>Kelly L Drew</u> <u>Kelly L Drew Accountant</u> <u>4-19-04</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD TOPCHIEV, REEVE 3535 CORONADO DRIVE #804 SARASOTA, FL 34231	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD Topchiev, Reeve 6360 142nd Ave N Apt 805 Clearwater, FL 33760
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD CUNNINGHAM, RYAN 3535 CORONADO DRIVE #804 SARASOTA, FL 34231	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete <input type="checkbox"/>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete <input type="checkbox"/>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>
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12. I hereby certify that the information supplied with this filing does not qualify 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 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: <u>Ryan Cunningham</u> <u>4-20-04</u> <u>727-539-088</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>			

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