

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 01, 2004 8:00 am
Secretary of State

03-01-2004 90050 031 ***150.00

DOCUMENT # P02000133661	
1. Entity Name NEPTUNO USA CORP.	

Principal Place of Business 1500 SAN REMO AVE STE 125 CORAL GABLES, FL 33146	Mailing Address 1500 SAN REMO AVE STE 125 CORAL GABLES, FL 33146
--	--

2. Principal Place of Business 401 East Las Olas Blvd. Suite, Apt. #, etc. 1520	3. Mailing Address 401 East Las Olas Blvd. Suite, Apt. #, etc. 1520
---	---

City & State Ft. Lauderdale, FL	City & State Ft. Lauderdale, FL
Zip 33301	Country USA

01302004 Chg-P CR2E034 (10/03)

4. FEI Number 02-0665793	Applied For ☐ Not Applicable
------------------------------------	--

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

6. Name and Address of Current Registered Agent ATRIUM REGISTERED AGENTS, INC. 1500 SAN REMO AVE STE 125 CORAL GABLES, FL 33146	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
---	--

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP LATINO, BALDASSARE 1500 SAN REMO AVE STE 125 CORAL GABLES, FL 33146 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP LATINO, BALDASSARE ☒ Change ☐ Addition 401 East Las Olas Blvd. Ste.1520 Ft. Lauderdale, FL 33301
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD CANNIZZO, GIUSEPPA 1500 SAN REMO AVE STE 125 CORAL GABLES, FL 33146 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD CANNIZZO, GIUSEPPA ☒ Change ☐ Addition 401 EAST LAS OLAS BLVD. STE.1520 FT. LAUDERDALE, FL 33301
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV LATINO, SALVADOR 1500 SAN REMO AVE STE 125 CORAL GABLES, FL 33146 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV LATINO, SALVADOR ☒ Change ☐ Addition 401 EAST LAS OLAS BLVD. STE.1520 FT, LAUDERDALE, FL 33301
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV LATINO, MARIA A 1500 SAN REMO AVE STE 125 CORAL GABLES, FL 33146 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV LATINO, MARIA A. ☒ Change ☐ Addition 401 EAST LAS OLAS BLVD. STE 1520 FT. LAUDERDALE, FL 33301
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS LATINO, GIUSEPPINA 1500 SAN REMO AVE STE 125 CORAL GABLES, FL 33146 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS LATINO, GIUSEPPINA ☒ Change ☐ Addition 401 EAST LAS OLAS BLDV, STE.1520 FT. LAUDERDALE, FL 33301
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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: *Giuseppina L. Latino* **GIUSEPPINA L. LATINO** 02/24/04 (954) 525-1906
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #