

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 31, 2006 08:00 AM
Secretary of State

DOCUMENT # P02000133661 1. Entity Name NEPTUNO USA CORP.					
Principal Place of Business 401 E. LAS OLAS BLVD. #1520 FORT LAUDERDALE, FL 33301			Mailing Address 401 E. LAS OLAS BLVD. #1520 FORT LAUDERDALE, FL 33301		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		01192006 Chg-P CR2E034 (11/05)	
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 _____ 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, 2006 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 401 EAST LAS OLAS BLVD. STE 1520 FORT LAUDERDALE, FL 33301	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	U000000410898 02/09/06-80053-024 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD CANNIZZO, GIUSEPPA 401 EAST LAS OLAS BLVD. STE 1520 FORT LAUDERDALE, FL 33301	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV LATINO, SALVADOR 401 EAST LAS OLAS BLVD. STE 1520 FORT LAUDERDALE, FL 33301	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV LATINO, MARIA A 401 EAST LAS OLAS BLVD. STE 1520 FORT LAUDERDALE, FL 33301	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	OS LATINO, GIUSEPPINA 401 EAST LAS OLAS BLVD. STE 1520 FORT LAUDERDALE, FL 33301	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	☐ 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 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: <i>Giuseppina I. Latino</i> GIUSEPPINA I. LATINO					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date 01/31/06 Daytime Phone # 954-525-1906					