

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Jan 31, 2007 08:00 AM
Secretary of State

DOCUMENT # P03000044193

1. Entity Name
OGGI S.P.A. INC.



Principal Place of Business

902 E. NEW HAVEN AVE
SUITE
MELBOURNE, FL 32901

Mailing Address

902 E. NEW HAVEN AVE
SUITE
MELBOURNE, FL 32901



01232007 No Chg-P CR2E034 (11/05)

4. FEI Number 32-0071979 Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

TROISI, PASQUALE
C/O OGGI S.P.A. INC.
902 E. NEW HAVEN AVE., SUITE
MELBOURNE, FL 32901

**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 reinstalling)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE P
NAME TROISI, JOANNA
STREET ADDRESS 902 E. NEW HAVEN AVE., SUITE
CITY - ST - ZIP MELBOURNE, FL 32901

TITLE VP
NAME TROISI, PASQUALE
STREET ADDRESS 902 E. NEW HAVEN AVE., SUITE
CITY - ST - ZIP MELBOURNE, FL 32901

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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CITY - ST - ZIP

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IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/29/07

321-726-6522