2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P04000042394

1. Entity Name
NICOLETTI CONSTRUCTION OF USA, INC.

Principal Place of Business	Mailing Address
1703 CREST DR LAKE WORTH, FL 33461	1703 CREST DR LAKE WORTH, FL 33461

DO NOT WRITE IN THIS SPACE

04062007   No Chg-P   CR2E034 (11/05)

4. FEI Number 65-1220700	Applied For
	Not Applicable

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

6. Name and Address of Current Registered Agent

NICOLETTI, ALEX L
1703 CREST DR
LAKE WORTH, FL 33461

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 reinstating)   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

U00000701946
04/20/07--80079--003 150.00

10.   OFFICERS AND DIRECTORS

TITLE	D
NAME	NICOLETTI, ALEX L
STREET ADDRESS	1703 CREST DR
CITY-ST-ZIP	LAKE WORTH, FL 33461

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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CITY-ST-ZIP	

DO NOT WRITE 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: _Alex Nicoletti_   4/11/07   (561) 662-0811

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #