

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 15, 2007 8:00 am**  
**Secretary of State**

02-15-2007 90036 017 \*\*\*150.00

**DOCUMENT # P04000045142**

1. Entity Name  
**ALLISON U.S.A., INC.**



40017000



02062007 Chg-P CR2E034 (12/06)

Principal Place of Business  
**6701 NW 7TH STREET  
SUITE 190  
MIAMI, FL 33126**

Mailing Address  
**6701 NW 7TH STREET  
SUITE 190  
MIAMI, FL 33126**

2. Principal Place of Business - No P.O. Box #  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

City & State

City & State

Zip Country

Zip Country

4. FEI Number  
**20-0860901**

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301-2525**

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, 2007 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 **P** ☒ Delete  
NAME **BABBONI, RICHARD**  
STREET ADDRESS **6701 NW 7TH STREET, SUITE 190**  
CITY - ST - ZIP **MIAMI, FL 33126**

TITLE **V** ☐ Change ☒ Addition  
NAME **Pierluigi Marinelli**  
STREET ADDRESS **6701 NW 7th Street, Suite 190**  
CITY - ST - ZIP **Miami, FL 33126**

TITLE **VD** ☐ Delete  
NAME **REANE, SILVIO VECELLO**  
STREET ADDRESS **6701 NW 7TH STREET, SUITE 190**  
CITY - ST - ZIP **MIAMI, FL 33126**

TITLE **VD** ☒ Change ☐ Addition  
NAME **Reane, Silvio Vecellio**  
STREET ADDRESS **6701 NW 7th Street, Suite 190**  
CITY - ST - ZIP **Miami, FL 33126**

TITLE **S** ☐ Delete  
NAME **FISCHER, CYNTHIA G**  
STREET ADDRESS **140 BROADWAY, SUITE 3100**  
CITY - ST - ZIP **NEW YORK, NY 10005**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE **D** ☐ Delete  
NAME **FOLLI, ROBERTO**  
STREET ADDRESS **6701 NW 7TH STREET, SUITE 190**  
CITY - ST - ZIP **MIAMI, FL 33126**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE **D** ☐ Delete  
NAME **MEVIO, PAOLO**  
STREET ADDRESS **6701 NW 7TH STREET, SUITE 190**  
CITY - ST - ZIP **MIAMI, FL 33126**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

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: Cynthia G. Fischer **Cynthia G. Fischer** 02/08/07 212.973.8175  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #