

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Jan 23, 2006 08:00 AM
Secretary of State**

DOCUMENT # P04000159906

1. Entity Name
ERREBICASA USA, INC.



Principal Place of Business
**6065 NW 167 ST., UNIT B13
MIAMI, FL 33015**

Mailing Address
**6065 NW 167 ST., UNIT B13
MIAMI, FL 33015**



01192006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-1979578

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**NICASTRO, MASSIMO
6065 NW 167 ST., UNIT B13
MIAMI, FL 33015**

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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, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**SD
NICASTRO, MASSIMO
3201 NE 183RD ST., UNIT 2708
AVENTURA, FL 33160**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
BONZI, CORRADO
6065 NW 167 ST., UNIT B13
MIAMI, FL 33015**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
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CITY-ST-ZIP

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01/27/06-80016-013 150.00

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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: Massimo Nicastro - MASSIMO NICASTRO

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/19/2006 305 556 5101
Date Daytime Phone #