2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Feb 16, 2006 8:00 am **Secretary of State** DOCUMENT # P04000167060 1. Entity Name 02-16-2006 90039 015 ***150.00 FRANOSA USA INC. Principal Place of Business Mailing Address 4001 SANTA BARBARA BLVD., #170 4001 SANTA BARBARA BLVD., #170 NAPLES FL 34104 NAPLES FL 34104 2. Principal Place of Business 206 - 2 mg 1st MOORE CR2E034 (10/05) Applied For 20-234000Z Not Applicable \$8.75 Additional USA 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent LEAVITT, LESTER J 50 JURUA COURT Street Address (P.O. Box Number is Not Acceptable) FORT MYERS FL 33912 206-2nd Street e purpose of changing its registered office or registered agent, or both on the State of Florida. I am familiar with, and accept 8. The above named entity submits this the obligations of registered age **SIGNATURE** FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 THLE Delete PRES TITLE ☐ Addition NAME LEAVITT, LESTER J NAME Lester J. Leavitt STREET ADDRESS 50 JURUA COURT STREET ADDRESS CITY-ST-ZIP FORT MYERS FL 33912 CITY-ST-7tP Delete ☐ Addition NAME LEAVITT, BARBARA J NAME STREET ADDRESS 50 JURUA COURT STREET ADDRESS FORT MYERS FL 33912 CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE ___ Delete__ NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DITE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZiP CITY-ST-ZIP TITLE ☐ Defete TITLE ☐ Chance ☐ Addition STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. Thereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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, while all other like empowered.

FILED