

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

5/

FILED
Jun 23, 2006 8:00 am
Secretary of State

05-15-2006 90038 010 *****8.75
06-23-2006 90008 040 ***141.25

DOCUMENT # P05000081361	
1. Entity Name	
MAESTRALE ENTERPRISES INC	

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 18 VIA DE CASAS SUR 205		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State BOYNTON BEACH, FL		City & State	
Zip 33426	Country	Zip	Country

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-2995819	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

DO NOT WRITE IN THIS SPACE	7. Name and Address of Current Registered Agent	
	Name	
	Street Address (P.O. Box Number is Not Acceptable)	
	City	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

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS				11.	
TITLE	PRESIDENT	TITLE			
NAME	LUCA BERNARDI	NAME			
STREET ADDRESS	18 VIA DE CASAS SUR 205	STREET ADDRESS			
CITY-ST-ZIP	BOYNTON BEACH FL 33426	CITY-ST-ZIP			
TITLE		TITLE			
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
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STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		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 exemption stated in Section 119.07(3)(i), 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 on an attachment with an address, with all other like empowered.

SIGNATURE:  **PRESIDENT**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-11-06

Date

(561) 752 4403

Daytime Phone #