## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P05000127372						FILED		
1. Entity Name DANESI USA, INC.					l ne	IUN 28 PM	l.• 02	
						1014 ZO 111	4.02	
					SLC	ALTARY OF	STATE	
	ce of Business	Mailing Address			FALL	AHASSEE, F	LORIDA	
2801 PONCE DE LEON STE 470  CORAL GABLES, FL 33134  CORAL GABLES, FL 33134  CORAL GABLES, FL 33134				1				
VOINE UNDERS, IE 33134								
Z. Principal F	Place of Business	3. Mailing Address	J. Mailing Address					
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.		05040000	Ch- D	CD25024 /4	14(05)
			Charles and the second		05242006	Chg-P	CR2E034 (1	. 1/05)
City & State		City & State	City & State		4. FEI Numb	er		Applied For Not Applicable
Zip Country		Zip	Zip Country		- O-415-444	al Chata Bardan	\$8.7	75 Additional
<u></u>	<u></u>			<u> </u>	<u></u>	of Status Desired	Fee F	Required
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent Name				
ABRIL & ASSOCIATES, P.A.								
	ICE DE LEON STE 470			Street Address (P.O. Box Number is Not Acceptable)				
CORALG	ABLES, FL 33134		Ī					
			1	City		<del></del> -	EL Z	ip Code
F-								
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 little if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE  OATE								
FILE NOWIII FEE IS \$550.00 9. Election Campaign Financing \$5.00 May Be								
FILE NOWIII FEE IS \$550.00  Due by September 6, 2006  Frust Fund Contribution.								
10. OFFICERS AND DIRECTORS 11.			1 11	···	ADDITIONS	CHANGES TO OFF	ICEDS AND DIDE	CTORS IN 11
TITLE	D	Deteta	TITLE	<u> </u>	ADDITIONO	CINITALS TO OFF		Change
NAME	MARE DANESI, ANDREA					ב בר מונים	- 4549	
			STREET CITY-S	T ADORESS	0770	1 <b>00077</b> 17/060103	:1008	**450.00
TITLE	CORAL GABLES, FL 33134 CITY			11-Ur			· <b></b>	Change Addition
NAME							٠.	welle - Acceptor
STREET ADDRESS 2801 PONCE DE LEON STE 470				T ADORESS				
CITY-ST-ZIP	CORAL GABLES, FL 33134		CITY-S	ST-ZIP				
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STREET ADDRESS				T ADDRESS				
CITY-ST-ZIP			CITY-S	ST-ZIP				
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NAME	( ( ( ( ) a		NAME					
STREET ADDRESS CITY-ST-ZIP	4.40		CITY-S	T ADDRESS ST-ZIP				
TITLE		☐ Delete	TITLE					Change
NAME			NAME	İ				
STREET ADDRESS			STREET CITY-S	T ADDRESS ST7IP				
CITY-ST-ZIP CITY-ST-ZIP  12. I hereby certify that the information supplied with this filling 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 it made under cath; that I am an officer or director of the economistion 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: CYMMULU SUANTY VEYINITEY SULVEE 4 21/04								
BIGHATURE AND TYPED ON PRINTED HAME OF BIGHING OFFICER OR DIRECTOR Date Daylore Prince 9								