


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 23, 2008 8:00 am**  
**Secretary of State**

04-23-2008 90032 040 \*\*\*150.00

<b>DOCUMENT # P05000127372</b>	
1. Entity Name <b>DANESI USA, INC.</b>	

Principal Place of Business <b>1201 BRICKELL AVENUE SUITE 230 MIAMI, FL 33131</b>	Mailing Address <b>1201 BRICKELL AVENUE SUITE 230 MIAMI, FL 33131</b>
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2. Principal Place of Business - No P.O. Box # <b>7500 NW 25 STREET</b>	3. Mailing Address <b>7500 NW 25 STREET</b>
Suite, Apt. #, etc. <b>284</b>	Suite, Apt. #, etc. <b>284</b>
City & State <b>MIAMI, FL</b>	City & State <b>MIAMI, FL</b>
Zip <b>33122</b>	Country
Zip <b>33122</b>	Country

**40078100**



04032008 Chg-P CR2E034 (12/06)

4. FEI Number <b>APPROPRIATE 20-347649</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent <b>ABRIL, JORGE M PA 1201 BRICKELL AVENUE SUITE 230 MIAMI, FL 33131</b>	7. Name and Address of New Registered Agent Name <b>JENNIFER SUAREZ</b> Street Address (P.O. Box Number is Not Acceptable) <b>7500 NW 25 STREET SUITE 284</b> City <b>MIAMI, FL</b> <b>FL</b> Zip Code <b>33122</b>
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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

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D DANESI, ANDREA 1201 BRICKELL AVENUE #230 MIAMI, FL 33131</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D DANESI, GIOVANNI 1201 BRICKELL AVENUE #230 MIAMI, FL 33131</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/7/08**

Date

**786-497-4400**

Daytime Phone #