

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000131060

Entity Name: ZACCARIOTTO USA INC.

FILED
Jun 22, 2006
Secretary of State

Current Principal Place of Business:

13951 SW 66 ST
MIAMI, FL 33183

New Principal Place of Business:

5502 ANDERSON ROAD
TAMPA, FL 33614

Current Mailing Address:

13951 SW 66 ST
MIAMI, FL 33183

New Mailing Address:

5502 ANDERSON ROAD
TAMPA, FL 33614

FEI Number: 20-3520345

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NINFOLE, NICOLA
13951 SW 66 ST
MIAMI, FL 33183 US

Name and Address of New Registered Agent:

NINFOLE, NICOLA
5502 ANDERSON ROAD
TAMPA, FL 33614 US

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.

SIGNATURE: NICOLA NINFOLE

06/22/2006

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PVD () Delete
Name: NINFOLE, NICOLA
Address: 13951 SW 66 ST
City-St-Zip: MIAMI, FL 33183

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: NINFOLE, NICOLA
Address: 5502 ANDERSON ROAD
City-St-Zip: TAMPA, FL 33614

Title: VTD () Change (X) Addition
Name: PLAZZA, MARIO
Address: 5502 ANDERSON ROAD
City-St-Zip: TAMPA, FL 33614

Title: VSD () Change (X) Addition
Name: MILLS, RALPH
Address: 5502 ANDERSON ROAD
City-St-Zip: TAMPA, FL 33614

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: NICOLA NINFOLE

PD

06/22/2006

Electronic Signature of Signing Officer or Director

Date