

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P92000004014

FILED
Feb 05, 2009
Secretary of State

Entity Name: DELNICE CORPORATION N.V.

Current Principal Place of Business:

801 BRICKELL BAY DR
370
MIAMI, FL 33131

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 016727
MIAMI, FL 33101

New Mailing Address:

FEI Number: 52-1173820

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

SPAGGIARI, QUINZIO
801 BRICKELL BAY DR
TOWER IV, STE 370
MIAMI, FL 33131 US

Name and Address of New Registered Agent:

BOLOGNI, SABRINA
801 BRICKELL BAY DR
TOWER IV, STE 370
MIAMI, FL 33131 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: SABRINA BOLOGNI

02/05/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PTD () Delete
Name: SPAGGIARI, QUINZIO
Address: 801 BRICKELL BAY DR., STE 370
City-St-Zip: MIAMI, FL 33131

Title: VSD () Delete
Name: BOLOGNI, SABRINA
Address: 801 BRICKELL BAY DR, TOWER IV, STE 370
City-St-Zip: MIAMI, FL 33131

Title: D () Delete
Name: BOLOGNI, DANIEL
Address: CARRERA 4 CON CALLE 31
City-St-Zip: BARQUISIMETO, VE

Title: D (X) Delete
Name: BOLOGNI, PATRIZIA
Address: CARRERA 4 CON CALLE 31
City-St-Zip: BARQUISIMETO, VE

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: BOLOGNI, DANIEL
Address: CARRERA 4 CON CALLE 31
City-St-Zip: BARQUISIMETO, VE 3001

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: TD (X) Change () Addition
Name: BOLOGNI, PATRIZIA
Address: VIA CADUTI SUL LAVORO 36
City-St-Zip: FORTE DEI MARMI, LU 55042 IT

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: SABRINA BOLOGNI

VSD

02/05/2009

Electronic Signature of Signing Officer or Director

Date