

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000035867

FILED
Apr 29, 2004
Secretary of State

Entity Name: FABRA U.S.A., INC.

Current Principal Place of Business:

15 SUNSHINE BLVD
ORMOND BEACH, FL 32174 US

New Principal Place of Business:

Current Mailing Address:

C/O DUCCIO MORTILLARO, ESQ.
2029 CENTURY PARK EAST, 19TH FLOOR
LOS ANGELES, CA 900673005 US

New Mailing Address:

FEI Number: 59-3334274 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: BERTELE, ANDREA
Address: 15 SUNSHINE BLVD.
City-St-Zip: ORMOND BEACH, FL 32174

Title: STD () Delete
Name: ANNOVAZZI, SABRINA
Address: 15 SUNSHINE BLVD.
City-St-Zip: ORMOND BEACH, FL 32174

Title: VD () Delete
Name: ANNOVAZZI, SABRINA
Address: 15 SUNSHINE BLVD.
City-St-Zip: ORMOND BEACH, FL 32174

Title: D (X) Delete
Name: FRANCHINA, FABIO
Address: 15 SUNSHINE BLVD
City-St-Zip: ORMOND BEACH, FL 32174

Title: D (X) Delete
Name: ANNOVAZZI, PATRIZIA
Address: 15 SUNSHINE BLVD
City-St-Zip: ORMOND BEACH, FL 32174

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: STD (X) Change () Addition
Name: ANNOVAZZI-BERTELE, SABRINA
Address: 15 SUNSHINE BLVD.
City-St-Zip: ORMOND BEACH, FL 32174

Title: VD (X) Change () Addition
Name: ANNOVAZZI-BERTELE, SABRINA
Address: 15 SUNSHINE BLVD.
City-St-Zip: ORMOND BEACH, FL 32174

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

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

I hereby certify that the information supplied with this filing does not qualify for the 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 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 ANNOVAZZI-BERTELE

PD

04/29/2004

Electronic Signature of Signing Officer or Director

_____ Date