2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000036999

Entity Name: BISAZZA NORTH AMERICA, INC.

FILED Apr 11, 2008 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 3540 N.W. 72ND AVENUE MIAMI, FL 33122 **Current Mailing Address: New Mailing Address:** 3540 N.W. 72ND AVENUE MIAMI, FL 33122 FEI Number: 65-0600684 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: NRAI SERVICES, INC 2731 EXECUTIVÉ PARK DRIVE, SUITE 4 WESTON, FL 33331 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete () Change () Addition BISAZZA, GIAMPIERO Name: Name: 3540 N.W. 72ND AVENUE Address: Address: City-St-Zip: MIAMI, FL 33122 City-St-Zip: Title: Title: () Change () Addition () Delete Name: PERON, PAOLO Name: 3540 NW 72 AVENUE Address: Address: MIAMI, FL 33122 City-St-Zip: City-St-Zip: Title: Title: () Delete PRFS () Change (X) Addition BISAZZA, GIAMPIERO Name: Name: 3540 NW 72 AVENUE Address Address: City-St-Zip: City-St-Zip: MIAMI, FL 33122 Title: () Delete Title: VΡ () Change (X) Addition HARRIS, DOÙGLAS E Name: Name: Address: Address: 3540 NW 72 AVENUE City-St-Zip: City-St-Zip: MIAMI, FL 33122 Title: Title: SECY () Change (X) Addition () Delete Name: Name: SAMAROO, HARI Address: Address: ONE PENN PLAZA SUITE 3515

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.

City-St-Zip:

NEW YORK, NY 10119

SIGNATURE: HARI SAMAROO SECY 04/11/2008

City-St-Zip: