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Secretary of State

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2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P96000024671

1. Entity Name
PRINTEX U.S.A., INC.

94067718

Principal Place of Business	Mailing Address
218 COMMERICAL BLVD SUITE-D LAUDERDALE BY THE SEA, FL 33308 US	218 COMMERICAL BLVD SUITE-D LAUDERDALE BY THE SEA, FL 33308 US

04212004 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
	275 COMMERCIAL BLVD
Suite, Apt. #, etc	Suite, Apt. #, etc. 260
City & State	City & State LAUD. BY THE SEA, FL
Zip / Country	Zip 33308 / Country USA

4. FEI Number 65-0650759 ☐ Applied For ☐ Not Applicable

~~5. Certificate of Status Desired~~ ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
~~SARTONI~~, BRUNO 275 COMMERCIAL BLVD STE. 260 LAUDERDALE BY THE SEA, FL 33308	Name SARTORI BRUNO Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

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

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PASSA, GIOVANNI VIA ANTICOLANA 68, ANAGNI, FROSINONE, ITALY 03012,	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VST GABRIELI, MAURIZIO C/O 5310 NW 33RD AVENUE STE 110 FORT LAUDERDALE, FL 33309	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify 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 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] I GIOVANNI PASSA 04/21/2004 +39-06-9770590
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #