

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P96000066928 1. Entity Name SITINDUSTRIE, INC. - USA.					
Principal Place of Business 500 N WESTHORE BLVD, STE 700 TAMPA, FL 33609 US			Mailing Address 500 N WESTHORE BLVD, STE 700 TAMPA, FL 33609 US		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
				Country	
6. Name and Address of Current Registered Agent BAPTISTE, DONNA 500 N WESTHORE BLVD TAMPA, FL 36220				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<div style="display: flex; justify-content: space-between;"> <div> FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 </div> <div> 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees </div> </div>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	P	<input type="checkbox"/> Delete	TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOCCIOLONE, FAUSTO		NAME	BOCCIOLONE, FAUSTO	
STREET ADDRESS	VIA ORLONGETTO, 4		STREET ADDRESS	VIA ORLONGETTO	
CITY-ST-ZIP	13018 VALDUGGIA VC, ITALY,		CITY-ST-ZIP	13018 VALDUGGIA VC, ITALY	
TITLE	VP	<input type="checkbox"/> Delete	TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOCCIOLONE, MASSIMO		NAME	BOCCIOLONE, MASSIMO	
STREET ADDRESS	VIA ORLONGETTO 4		STREET ADDRESS	VIA ORLONGETTO 4	
CITY-ST-ZIP	13018 VALDUGGIA VC ITALY,		CITY-ST-ZIP	13018 VALDUGGIA VC ITALY	
TITLE	S	<input type="checkbox"/> Delete	TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CIPRIANI, MARCO		NAME	CIPRIANI, MARCO	
STREET ADDRESS	VIA ORLONGETTO 4		STREET ADDRESS	VIA ORLONGETTO 4	
CITY-ST-ZIP	13018 VALDUGGIA VC, ITALY,		CITY-ST-ZIP	13018 VALDUGGIA VC, ITALY	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date 15.03.2005 <small>Daytime Phone #</small>		

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4. FEI Number **59-3393212** Applied For ☐ Not Applicable ☐

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

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