2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 08:00 AM
Secretary of State

DOCUMENT # P97000012598

1. Entity Name
MURANO DUE, INC.

Principal Place of Business	Mailing Address
341 N. MAITLAND AVENUE SUITE 340 MAITLAND, FL 32751 US	PO DRAWER 7540 MAITLAND, FL 32794-7540 US

04272004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
52-2252602

☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

TATICH, PHILIP
341 N. MAITLAND AVENUE
SUITE 340
MAITLAND, FL 32751

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

TITLE	DP
NAME	TAVAGNA, GIORGIO
STREET ADDRESS	VIATE ROMA 16, 36100
CITY-ST-ZIP	VICENZA, ITALY,
TITLE	DVP
NAME	PEGROTTO, CARLO
STREET ADDRESS	VIA SON GIORGIO 40
CITY-ST-ZIP	COSTA BISSARA (VI), ITALY,
TITLE	DVP
NAME	CERUTI, ALFREDO
STREET ADDRESS	VIA STRAMBIO 34, 20133
CITY-ST-ZIP	MILANO, ITALY,
TITLE	DVP
NAME	GIORGAN, CLAUDIO
STREET ADDRESS	VIA VILLABONA 91
CITY-ST-ZIP	MARGHERA (VE), ITALY,
TITLE	DVP
NAME	FILIPAZ, ROBERTO
STREET ADDRESS	AURISIA CAVE 63/A, 34011
CITY-ST-ZIP	AURISINA (TS) ITALY,
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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05/03/04-80155-005 150.00

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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: _____ Date _____ Daytime Phone # _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR