

# 2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P97000018903

Entity Name: PORPHYRY USA, INC.

FILED  
Oct 01, 2009  
Secretary of State

## Current Principal Place of Business:

5272 RIVER ROAD  
SUITE 365  
BETHESDA, MD 20816 US

## New Principal Place of Business:

Current Mailing Address:  
  
C/O JAMES L. KARL II, ESQ.  
678 BALD EAGLE DRIVE  
MARCO ISLAND, FL 34145 US

## New Mailing Address:

FEI Number: 59-3430868      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

KARL, JAMES L II ESQ  
678 BALD EAGLE DRIVE  
MARCO ISLAND, FL 34145 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

## OFFICERS AND DIRECTORS:

Title: P T ( ) Delete  
Name: ODORIZZI, TIZIANO  
Address: 5272 RIVER ROAD, SUITE 365  
City-St-Zip: BETHESDA, MD 20816 US

Title: V ( ) Delete  
Name: ODORIZZI, CARLO  
Address: 5272 RIVER ROAD, SUITE 365  
City-St-Zip: BETHESDA, MD 20816 US

Title: S (X) Delete  
Name: ZANABONI, MANUELA  
Address: 5272 RIVER ROAD, SUITE 365  
City-St-Zip: BETHESDA, MD 20816 US

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DV (X) Change ( ) Addition  
Name: ODORIZZI, TIZIANO  
Address: 5272 RIVER ROAD, SUITE 365  
City-St-Zip: BETHESDA, MD 20816 US

Title: DPT (X) Change ( ) Addition  
Name: SBARRA, JOSE A  
Address: 5272 RIVER ROAD, SUITE 365  
City-St-Zip: BETHESDA, MD 20816 US

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

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.

SIGNATURE: CARLO ODORIZZI

S

10/01/2009

Electronic Signature of Signing Officer or Director

Date