FILED
Apr 11, 2005 08:00 AM
Secretary of State

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # P97000046163

1. Entity Name
MSM USA, INC.

Principal Place of Business	Mailing Address
15 SUNSHINE BLVD ORMOND BEACH FL 32174	C/O DUCCIO MORTILLARO, ESQ 2029 CENTURY PARK EAST., 19TH FL LOS ANGELES CA 90067-3005 US

1st MOORE CR2E034 (10/04)

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 65-0754879 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

7. Name and Address of New Registered Agent

Name

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, 2005 Fee Will Be $550.00
Make Check Payable to Florida Department of State

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

04/11/05 H00000287457 ... 007 150.00

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PD	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	COCCIA, STEFANO		NAME	
STREET ADDRESS	VIA ROMA, N 104		STREET ADDRESS	
CITY-ST-ZIP	31020 SAN VENDEMIANO (TV) IT IT		CITY-ST-ZIP	
TITLE	DVP	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	COCCIA, MAURO		NAME	
STREET ADDRESS	VIA ROMA, N 104		STREET ADDRESS	
CITY-ST-ZIP	31020 SAN VENDEMIANO (TV) IT IT		CITY-ST-ZIP	
TITLE	DT	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	DE MARCHI, MARINO		NAME	
STREET ADDRESS	VIA ROMA, N 104		STREET ADDRESS	
CITY-ST-ZIP	31020 SAN VENDEMIANO (TV) IT IT		CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ 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: Stefano Coccia MARCH 29, 2005 - 386 672 4330
Signature and typed or printed name of signing officer or director. Date Daytime Phone #