

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000051211

FILED
Jan 12, 2004
Secretary of State

Entity Name: PIGNA AMERICA, INC.

Current Principal Place of Business:

2575 COLLINS AVENUE
SUITE C-10
MIAMI BEACH, FL 33140 US

New Principal Place of Business:

Current Mailing Address:

2575 COLLINS AVENUE
SUITE C-10
MIAMI BEACH, FL 33140 US

New Mailing Address:

FEI Number: 65-0764110 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

CRONIG, STEVEN C.
3250 MARY ST., #307
COCONUT GROVE, FL 33133 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DS () Delete
Name: SCODRO, NESTORE
Address: 4201 COLLINS AVE., APT. 2503
City-St-Zip: MIAMI BEACH, FL 33140

Title: DT () Delete
Name: LINDEMANN SASSI, VIVIAN
Address: 4201 COLLINS AVE, SUITE 2303
City-St-Zip: MIAMI BEACH, FL 33140

Title: DP () Delete
Name: PESENTI, PIANA CARILLO
Address: 3681 FLAMINGO DR.
City-St-Zip: MIAMI, FL 33140

Title: DVP () Delete
Name: PAGLIA, GIORGIO
Address: 2575 COLLINS AVE, C-10
City-St-Zip: MIAMI, FL 33140

Title: D () Delete
Name: SASSI, CESARE
Address: 4201 COLLINS AVE., APT. 2303
City-St-Zip: MIAMI BEACH, FL 33140

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: DP (X) Change () Addition
Name: PESENTI PIGNA, CARILLO
Address: 5835 PINETREE DRIVE
City-St-Zip: MIAMI, FL 33140

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

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

I hereby certify that the information supplied with this filing does not qualify for the 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 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: VIVIAN LINDEMANN SASSI

DT

01/12/2004

Electronic Signature of Signing Officer or Director

_____ Date