

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 19, 2008 8:00 am**  
**Secretary of State**

02-19-2008 90023 010 \*\*\*150.00

<b>DOCUMENT # P98000095056</b> 1. Entity Name <b>KONUS USA CORPORATION</b>			
Principal Place of Business <b>7275 NW 87 AVE</b> <b>MIAMI, FL 33178</b>		Mailing Address <b>7275 NW 87 AVE</b> <b>MIAMI, FL 33178</b>	
2. Principal Place of Business - No P.O. Box # <b>7530 NW 79 ST.</b>		3. Mailing Address <b>7530 NW 79 ST</b>	
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 	
City & State <b>MIAMI FL</b>		City & State <b>MIAMI FL</b>	
Zip <b>33166</b>		Zip <b>33166</b>	
Country <b>USA</b>		Country <b>USA</b>	
4. FEI Number <b>65-0895605</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>PRITCHARD, HARRY T</b> <b>2825 SW 104 COURT</b> <b>MIAMI, FL 33165</b>		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;"> <span><b>FL</b></span> <span>Zip Code</span> </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 obligation of registered agent. SIGNATURE: <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE</small>			
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2008 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11.</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ALBERTI, GIUSEPPE 7275 NW 87 AVE MIAMI, FL 33178	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD ALBERTI, STEFANO 7275 NW 87 AVE MIAMI, FL 33178	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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.			
<b>SIGNATURE:</b> <b>STEFANO ALBERTI</b> <b>02/11/2008</b> <b>305/8847618</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>			