


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P99000008255 1. Entity Name CRIF NORTH AMERICA CORPORATION					
Principal Place of Business 2701 NORTH ROCKY POINT DRIVE SUITE 1100 TAMPA, FL 33607			Mailing Address 2701 NORTH ROCKY POINT DRIVE SUITE 1100 TAMPA, FL 33607		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip		Country		Zip	
Country		Country		Country	
4. FEI Number 59-3557873				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent DE LA PARTE, L. DAVID 101 EAST KENNEDY BOULEVARD, SUITE 3400 TAMPA, FL 33602			7. Name and Address of New Registered Agent Name CHRISALDI RONALD Street Address (P.O. Box Number is Not Acceptable) 101 EAST KENNEDY BOULEVARD SUITE 3400 City TAMPA FL Zip Code 33604		
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 <i>[Signature]</i> 4/5/05 <small>Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstalling) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	GHERARDI, CARLO	NAME			
STREET ADDRESS	BOLOGNA VIA LAME 15	STREET ADDRESS			
CITY - ST - ZIP	CF.GHRCRL55C24A944P,	CITY - ST - ZIP			
TITLE	D <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	FRABONI, FABRIZIO	NAME			
STREET ADDRESS	VIA VOLONTARI DELLA LIBERTA 20/3	STREET ADDRESS			
CITY - ST - ZIP	CF.FRBFRZ60H01A944E,	CITY - ST - ZIP			
TITLE	D <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	GHIEMMETTI, SILVIA	NAME			
STREET ADDRESS	BOLOGNA VIA SARAGOZZA 1	STREET ADDRESS			
CITY - ST - ZIP	CF.GHLSLV62E54F205C,	CITY - ST - ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY - ST - ZIP		CITY - ST - ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY - ST - ZIP		CITY - ST - ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: CRIF NORTH AMERICA Corp.			Date 03/25/05		