

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

07 JUN -5 PM 2: 04

STATE OF FLORIDA  
TALLAHASSEE, FLORIDA

DOCUMENT # P99000008255

1. Entity Name  
CRIF NORTH AMERICA CORPORATION



Principal Place of Business  
2701 NORTH ROCKY POINT DRIVE  
SUITE 110  
TAMPA, FL 33607

Mailing Address  
2701 NORTH ROCKY POINT DRIVE  
SUITE 110  
TAMPA, FL 33607

04-09-07 96044 046 \$150.00  
[Barcode]

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

05222007

Chg-P

CR2E034 (12/06)

City & State

City & State

4. FEI Number

59-3557873

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CHRISTALDI, RONALD  
101 EAST KENNEDY BOULEVARD, SUITE 3400  
TAMPA, FL 33602

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 reappointing)

DATE

**FILE NOW!!! FEE IS \$550.00  
Due by September 14, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
D  
GHERARDI, CARLO  
BOLOGNA VIA FANTIN 1/3, ITALY  
CF GHRCRL55C24A944P

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TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
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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.

SIGNATURE:

CARLO GHERARDI

05/23/2007

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #