2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 10, 2005 08:00 AM
Secretary of State

DOCUMENT # P99000045692

1. Entity Name
RECCHI AMERICA, INC.

Principal Place of Business	Mailing Address
9200 S. DADELAND BLVD., STE. 225 MIAMI, FL 33156	9200 S. DADELAND BLVD., STE. 225 MIAMI, FL 33156

DO NOT WRITE IN THIS SPACE

01042005 No Chg-P CR2E034 (10/03)

4. FEI Number
65-0997257

☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

VEZINA, LAWRENCE & PISCITELLI, P.A.
350 EAST LAS OLAS BLVD.
STE. 1130
FT. LAUDERDALE, FL 33301

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	TITA, GIAMPAOLO
STREET ADDRESS	9200 S. DADELAND BLVD., STE. 225
CITY-ST-ZIP	MIAMI, FL 33156
TITLE	PD
NAME	ESPINO, ENRIQUE I
STREET ADDRESS	9200 S. DADELAND BLVD., STE. 225
CITY-ST-ZIP	MIAMI, FL 33156
TITLE	VP
NAME	LOGIUDICE, LUCIANO
STREET ADDRESS	9200 S DADELAND BLVD #225
CITY-ST-ZIP	MIAMI, FL 33156
TITLE	D
NAME	SANGELAJI, AIL M
STREET ADDRESS	9200 S. DADELAND BLVD., STE. 225
CITY-ST-ZIP	MIAMI, FL 33156
TITLE	DVPS
NAME	MIRANDA, JORGE
STREET ADDRESS	9200 S. DADELAND BLVD., STE. 225
CITY-ST-ZIP	MIAMI, FL 33156
TITLE	DT
NAME	IGLESIAS, JUAN J
STREET ADDRESS	9200 S. DADELAND BLVD., STE. 225
CITY-ST-ZIP	MIAMI, FL 33156

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01/10/05-80085-002 150.00

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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: E. d. Espino 1/4/05 (305)670 7585
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #