

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000049659

Entity Name: A.B.C. U.S.A., INC.

FILED
Apr 02, 2009
Secretary of State

Current Principal Place of Business:

5599 BISCAYNE BLVD.
MIAMI, FL 33137 US

New Principal Place of Business:

Current Mailing Address:

1410 20TH STREET
UNIT 214
MIAMI BEACH, FL 33139 US

New Mailing Address:

FEI Number: 65-0973369 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PIERO SALUSSOLIA CORPORATE MANAGEMENT, INC
1410 20TH STREET
UNIT 214
MIAMI BEACH, FL 33139 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: DP () Delete
Name: ZINI, FERNANDO
Address: 834 OCEAN DRIVE SUITE 501
City-St-Zip: MIAMI BEACH, FL 33139 US

Title: VPTS (X) Delete
Name: FICHERA, GIUSEPPE
Address: 5599 BISCAYNE BLVD
City-St-Zip: MIAMI, FL 33137 US

Title: VP () Delete
Name: UGOLINI, PAOLA
Address: 5599 BISCAYNE BLVD.
City-St-Zip: MIAMI, FL 33137 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DPT (X) Change () Addition
Name: ZINI, FERNANDO
Address: 834 OCEAN DRIVE SUITE 501
City-St-Zip: MIAMI BEACH, FL 33139 US

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

Title: VPS (X) Change () Addition
Name: UGOLINI, PAOLA
Address: 5599 BISCAYNE BLVD.
City-St-Zip: MIAMI, FL 33137 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: FERNANDO ZINI

Electronic Signature of Signing Officer or Director

DPT

04/02/2009

Date