2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000108706

Address:

City-St-Zip:

VIA VERDI 72

MIRANO, VE 33035 IT

Entity Name: FIRST POINT U.S.A., INC.

FILED Apr 27, 2006 Secretary of State

Entity Nai	me: FIRST P	JINT U.S.A., INC.			
Current Principal Place of Business:			New Principal Place of Business:		
	KELL AVE 331291210 L	JS			
Current Mailing Address:			New Mailing Address:		
	KELL AVE 331291210 L	JS			
FEI Number	: 65-0967649	FEI Number Applied For()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:			Name and Address of New Registered Agent:		
SALUSSOLIA, PIERO 1548 BRICKELL AVE MIAMI, FL 331291210 US			1548 BRICKELL AVE	PIERO SALUSSOLIA CORPORATE MANAGEMENT, INC 1548 BRICKELL AVE MIAMI, FL 331291210 US	
	named entity of Florida.	submits this statement for the p	ourpose of changing its registered	office or registered agent, or both,	
SIGNATURE: PIERO SALUSSOLIA				04/27/2006	
	Electro	nic Signature of Registered Age	ent	Date	
Election Car	npaign Financin	g Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	D (FILIPPI, NICOI VIA VERDI 72 MIRANO, VE 3		Title: Name: Address: City-St-Zip:	()Change ()Addition	
Title: Name: Address: City-St-Zip:	D (SIMONATO, D VIA VERDI 72 MIRANO, VE 3		Title: Name: Address: City-St-Zip:	()Change ()Addition	
Title: Name: Address: City-St-Zip:	P,S (FILIPPI, NICOI VIA VERDI 72 MIRANO, VE 3		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name:	VP,T (SIMONATO, DA) Delete ARIA	Title: Name:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the 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.

Address:

City-St-Zip:

SIGNATURE: NICOLA FILIPPI D 04/27/2006