## 2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P99000111542

SANTONOCITO, LUCA

RIVALTA, IT KM 20500

SUD

Name: Address:

City-St-Zip:

Entity Name: VENTANA HOLDING OF NORTH AMERICA CORP.

FILED Apr 18, 2003 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 6741 HIDDEN CREEK BLVD 1960 US HWY 1 SOUTH ST AUGUSTINE, FL 32086 SUITE 320 ST AUGUSTINE, FL 32086 **Current Mailing Address: New Mailing Address:** 6741 HIDDEN CREEK BLVD 1960 US HWY 1 SOUTH ST AUGUSTINE, FL 32086 SUITE 320 ST AUGUSTINE, FL 32086 FEI Number: 59-3632630 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of New Registered Agent: Name and Address of Current Registered Agent: TULIP, JOHN J TULIP, JOHN J 6741 HIDDEN CREEK BLVD 1960 ÚS HWY 1 SOUTH - SUITE 320 ST AUGUSTINE, FL 32086 ST AUGUSTINE, FL 32086 US 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: JOHN J. TULIP 04/18/2003 Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution ( ). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: (X) Delete Title: () Change () Addition TULIP, JOHN Name: Name: 6741 HIDDEN CREEK BLVD. Address: Address: City-St-Zip: SAINT AUGUSTINE, FL 32086 City-St-Zip: Title: CPD Title: () Delete () Change () Addition ROSSI, CLAUDIO Name: Name: 2 VIA OSACCA Address: Address: City-St-Zip: FIDENZA, IT City-St-Zip: Title: Title: VD ( ) Delete () Change () Addition MAROCCHI, MARIO Name: Name: 52 VIZ TRE NOVEMBRE Address: Address: City-St-Zip: FIAVE, IT City-St-Zip: Title: DTS ( ) Delete Title: () Change () Addition

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

Name:

Address:

City-St-Zip:

SIGNATURE: CLAUDIO ROSSI PRES 04/18/2003