


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 05, 2004 8:00 am
Secretary of State

04-05-2004 90052 040 ***150.00

DOCUMENT # P92000004048

1. Entity Name
FIRST TIBER S.A., INC.



Principal Place of Business 801 BRICKELL BAY DRIVE 370 MIAMI, FL 33131	Mailing Address P.O. BOX 016727 MIAMI, FL 33101
--	--

DO NOT WRITE IN THIS SPACE



01052004 No Chg-P CR2E034 (10/03)

4. FEI Number 52-1372671	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**QUINZIO SPAGGIARI
 801 BRICKELL BAY DR
 TOWER IV, STE 370
 MIAMI, FL 33131**

DO NOT WRITE IN THIS SPACE

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, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
--	--	------------------------------------

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PTD SPAGGIARI, QUINZIO 801 BRICKELL BAY DR STE 370 MIAMI, FL 33131
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VSD BOLOGNI, SABRINA 801 BRICKELL BAY DR, TOWER IV, STE 370 MIAMI, FL 33131
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D BOLOGNI, DANIEL CARRERA 4 CON CALLE 31 BARQUISIMETO, VE <i>BARQUISIMETO</i>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D BOLOGNI, PATRIZIA CARRERA 4 CON CALLE 31 BARQUISIMETO, VE
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

DO NOT WRITE IN THIS SPACE

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: *Sabrina Bologni* *4-1-04*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #