

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P92000004048

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

FILED  
Jan 26, 2005  
Secretary of State

**Current Principal Place of Business:**

801 BRICKELL BAY DRIVE  
370  
MIAMI, FL 33131

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 016727  
MIAMI, FL 33101

**New Mailing Address:**

FEI Number: 52-1372671

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

QUINZIO, SPAGGIARI  
801 BRICKELL BAY DR  
TOWER IV, STE 370  
MIAMI, FL 33131 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: PTD ( ) Delete  
Name: SPAGGIARI, QUINZIO  
Address: 801 BRICKELL BAY DR STE 370  
City-St-Zip: MIAMI, FL 33131

Title: VSD ( ) Delete  
Name: BOLOGNI, SABRINA  
Address: 801 BRICKELL BAY DR, TOWER IV, STE 370  
City-St-Zip: MIAMI, FL 33131

Title: D ( ) Delete  
Name: BOLOGNI, DANIEL  
Address: CARRERA 4 CON CALLE 31  
City-St-Zip: BARQUISMETTO,, VE

Title: D ( ) Delete  
Name: BOLOGHNI, PATRIZIA  
Address: CARRERA 4 CON CALLE 31  
City-St-Zip: BARQUISIMENTO, VE

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

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

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

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.

SIGNATURE: SABRINA BOLOGNI

VSD

01/26/2005

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date