

**2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P01000019346

**Entity Name:** ITALPRESSE U.S.A., INC.

**Current Principal Place of Business:**

26520 MALLARD WAY  
PUNTA GORDA, FL 33950

**Current Mailing Address:**

26520 MALLARD WAY  
PUNTA GORDA, FL 33950

**FEI Number: 65-1076723**

**Certificate of Status Desired: Yes**

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

ORTMAYER, DAVID COO  
356 MARACA STREET  
PUNTA GORDA, FL 33983 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:** \_\_\_\_\_

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            COO  
Name            ORTMAYER, DAVID  
Address        356 MARACA STREET  
City-State-Zip: PUNTA GORDA FL 33983

Title            TREA  
Name            SALA, ALESSANDRO  
Address        VIA DELLE GROANE, 15  
City-State-Zip: BAGNATICA BG 24060

Title            PRES  
Name            SALA, ALBERTO  
Address        VIA DELLE GROANE, 15  
City-State-Zip: BAGNATICA BG 24060

Title            VP  
Name            SALA, ALESSANDRO  
Address        VIA DELLE GROANE, 15  
City-State-Zip: BAGNATICA BG 24060

Title            SECR  
Name            SALA, ALBERTO  
Address        VIA DELLE GROANE, 15  
City-State-Zip: BAGNATICA BG 24060

*I hereby 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 all other like empowered.*

**SIGNATURE: DAVID ORTMAYER**

**COO**

**04/10/2015**

Electronic Signature of Signing Officer/Director Detail

Date