

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F07000006170

Entity Name: ALLEGRINI USA, INC.

FILED
Mar 23, 2009
Secretary of State

Current Principal Place of Business:

1221 BRICKELL AVENUE 9TH FLOOR
MIAMI, FL 33131

New Principal Place of Business:

Current Mailing Address:

1221 BRICKELL AVENUE 9TH FLOOR
MIAMI, FL 33131

New Mailing Address:

FEI Number: 26-1543895

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NRAI SERVICES, INC.
2731 EXECUTIVE PARK DRIVE, SUITE 4
WESTON, 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: C () Delete
Name: ALLEGRINI, MAURIZIO
Address: VIA SALVO D'ACQUISTO 2, 24050
City-St-Zip: GRASSOBBIO (BG), ITALY,

Title: DPT () Delete
Name: LUCARELLI, LUCA
Address: 1500 WASHINGTON ST. UNIT 4R
City-St-Zip: HOBOKEN, NY 07030

Title: D () Delete
Name: ALLEGRINI, OTTAVIANO
Address: VIA SALVO D. ACQUISTO 2, 24050
City-St-Zip: GRASSOBBIO (BG), ITALY, OV

Title: V () Delete
Name: FRATTINI, FILIPPO
Address: 1541 BRICKELL AVENUE, UNIT 2301
City-St-Zip: MIAMI, FL 33129

Title: S () Delete
Name: SAMAROO, HARI K ESQ
Address: ONE PENN PLAZA, SUITE 3515
City-St-Zip: NEW YOUR, NY 10119

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:

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

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

SIGNATURE: FRATTINI FILIPPO

V

03/23/2009

Electronic Signature of Signing Officer or Director

Date