2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 05, 2005 08:00 AM
Secretary of State

DOCUMENT # F03000001547

1. Entity Name
ITAL-UIL-USA, INC.

Principal Place of Business	Mailing Address
660 LINTON BLVD SUITE 209 DELRAY BEACH, FL 33444	660 LINTON BLVD SUITE 209 DELRAY BEACH, FL 33444

06292005 No Chg-NP CR2E037 (10/03)

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4. FEI Number
11-2860716
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

CANNONE, MARGARET
660 LINTON BLVD., SUITE 209
DELRAY BEACH, FL 33444

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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, type or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by September 7, 2005

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	J
NAME	SILLS, JOHN
STREET ADDRESS	31 W. 15TH STREET
CITY-ST-ZIP	NEW YORK, NY 10011
TITLE	BRUN
NAME	O, VINCE
STREET ADDRESS	4520 FIRESTONE
CITY-ST-ZIP	DEARBOR, MI 48126
TITLE	ST
NAME	LACARBOARLA, LOUIS
STREET ADDRESS	31 W 15TH ST
CITY-ST-ZIP	NEW YORK, NY 10011
TITLE	D
NAME	FRONTERRE, SALVATORE
STREET ADDRESS	31 W 15TH STREET
CITY-ST-ZIP	NEW YORK, NY 10011
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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 617, 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: SALVATORE FRONTERRE 6/30/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #