

**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**Aug 27, 2004 8:00 am**  
**Secretary of State**

08-13-2004 90071 049 \*\*\*\*70.00

**66432676**



MOORE CR2E037 (4/04)

<b>DOCUMENT # N21578</b>				
1. Entity Name <b>SONS OF ITALY OF AMERICA 2436, INC.</b>				
Principal Place of Business <b>5610 COLLEGE ROAD KEY WEST FL 33040 US</b>		Mailing Address <b>P.O. BOX 5838 KEY WEST FL 33045 US</b>		
2. Principal Place of Business		3. Mailing Address		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		
City & State		City & State		
4. FEI Number <b>NO-T APPLICABLE</b>		Applied For <input type="checkbox"/> Not Applicable		
Zip		Country		5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>

6. Name and Address of Current Registered Agent <b>SCHMITT, MARY L 257 AVE A KEY WEST FL 33040</b>				7. Name and Address of New Registered Agent Name <b>CARRIE V. TRUMBO V.P.</b> Street Address (P.O. Box Number is Not Acceptable) <b>3635 Seaside Drive 401</b> <b>Key West</b> City <b>Fl. 33040</b> FL Zip Code	
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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: *[Signature]* **Carrie V. Trumbo** 8/25/04  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing) DATE

<b>FILE NOW: FEE IS \$61.25 Due By September 8, 2004</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	<b>Make Check Payable to: Florida Department of State</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>GIOVANNUCCI, JULIUS 127 KEY HAVEN ROAD KEY WEST FL 33040</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PRESIDENT 127 Key Haven Rd. Keywest Fl 33040</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DVP STABILE, PAUL 914 DUVAL STREET KEY WEST FL 33040</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Vice President CARRIE V. TRUMBO PO Box 14 Key West Fl 33041</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T ZIRNCJ, ANTHONY 3154 NORTHSIDE DRIVE KEY WEST FL 33040</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Treasurer DAVE NOBILI PO Box 5838 Key West Fl 33045</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T CUCULINO, MARIE P O BOX 420643 SUMMERLAND KEY FL 33042</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Financial Secy. GOLSIE JACOBELLIS PO Box 5838 Key West Fl 33045</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T NITTI, TOM 700 FRONT STREET KEY WEST FL 33040</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Trustee marie cuculino PO Box 5838 Key West Fl 33045</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T MORO, PINO 243 W SEAVIEW DRIVE BUCKLEY FL 33050</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Residing Secy. Lucia Cuculino Jackson PO Box 5838 Key West Fl 33045</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *[Signature]* **Aug 9th, 2004**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #