


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 23, 2004 8:00 am**  
**Secretary of State**

04-23-2004 90234 004 \*\*\*155.00

<b>DOCUMENT # P02000131754</b>	
1. Entity Name <b>ITALMIVEN TRADUCTORES &amp; ASOCIADOS CORP.</b>	

Principal Place of Business 16300 NE 19TH AVE 229 MIAMI, FL 33162	Mailing Address 16300 NE 19TH AVE 229 MIAMI, FL 33162
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2. Principal Place of Business <b>19370 COLLINS AVENUE</b>	3. Mailing Address <b>19370 COLLINS AVENUE</b>
Suite, Apt. #, etc. <b>301/C</b>	Suite, Apt. #, etc. <b>301/C</b>

04152004 Chg-P CR2E034 (10/03)

City & State <b>SUNNY ISLES BEACH</b>	City & State <b>SUNNY ISLES BEACH</b>	4. FEI Number <b>01-0763453</b>	Applied For Not Applicable
Zip <b>33160</b>	Country <b>USA</b>	Zip <b>33160</b>	Country <b>USA</b>

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

6. Name and Address of Current Registered Agent <b>GIARDINA, ALBERTO</b> <b>19390 COLLINS AVE #118</b> <b>SUNNY ISLES BEACH, FL 33160</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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: *Alberto Giardina* **GIARDINA ALBERTO** **APRIL 20, 2004**  
Signature, typed or printed name of registered agent and file if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input checked="" type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTE <b>GIARDINA, ALBERTO</b> <b>19390 COLLINS AVE, #118</b> <b>SUNNY ISLES BEACH, FL 33160</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>GIARDINA, ALBERTO</b> <b>19370 COLLINS AVENUE SUITE 301/C</b> <b>SUNNY ISLES BEACH FL, 33160</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP <b>MIOTTI, ALDO</b> <b>16300 NE 19TH AVE, SUITE 229</b> <b>NORTH MIAMI BEACH, FL 33162</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> <b>MIOTTI, ALDO</b> <b>19370 COLLINS AVENUE SUITE 301/C</b> <b>SUNNY ISLES BEACH FL, 33160</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S <b>ALVAREZ, MARIANELLA</b> <b>19390 COLLINS AVE #118</b> <b>SUNNY ISLES, FL 33160</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>ALVAREZ, MARIANELLA</b> <b>19370 COLLINS AVENUE SUITE 301/C</b> <b>SUNNY ISLES BEACH FL, 33160</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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 607, 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: *Alberto Giardina* **GIARDINA, ALBERTO** **APRIL 20, 2004** **(305) 300-7005**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #