

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2005 8:00 am
Secretary of State

05-04-2005 90133 014 ***150.00

DOCUMENT # P02000131754

1. Entity Name
 ITALMIVEN TRADUCTORES & ASOCIADOS CORP.



Principal Place of Business
 19370 COLLINS AVENUE
 301 C
 SUNNY ISLES BEACH, FL 33160

Mailing Address
 19370 COLLINS AVENUE
 301 C
 SUNNY ISLES BEACH, FL 33160



2. Principal Place of Business
 18855 NE 29 AV
 Suite, Apt. #, etc.
 SUITE 700

3. Mailing Address
 PO BOX 802004
 Suite, Apt. #, etc.

04182005 Chg-P CR2E034 (10/03)

City & State
 AVENTURA FL

City & State
 AVENTURA FLORIDA

Zip Country
 33180 USA

Zip Country
 33280 USA

4. FEI Number
 01-0763453

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
 GIARDINA, ALBERTO
 19390 COLLINS AVE #118
 SUNNY ISLES BEACH, FL 33160

7. Name and Address of New Registered Agent
 Name
 MARISOL A. MARTINEZ
 Street Address (P.O. Box Number is Not Acceptable)
 1770 SW 118 AV
 City
 MIRAMAR FL Zip Code
 33025

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 P ALBERTO GIARDINA *Alberto Giardina* APRIL 28 2005
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature (if not when registering) DATE)

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GIARDINA, ALBERTO 19370 COLLINS AVENUE STE 301 SUNNY ISLES BEACH, FL 33160 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MARISOL A. MARTINEZ 1770 SW 118 AV MIRAMAR FL 33025 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MIOTTI, ALDO 19370 COLLINS AVENUE STE 301 SUNNY ISLES BEACH, FL 33160 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V DAO GABRIEL LOBATO 1770 SW 118 AV MIRAMAR FL 33025 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S ALVAREZ, MARIANELLA 19370 COLLINS AVENUE STE 301 SUNNY ISLES BEACH, FL 33160 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S ALVAREZ MARIANELLA 20400 N CENTRAL BLVD DR. 507104 AVENTURA - FL 33180 <input type="checkbox"/> Change <input type="checkbox"/> Addition
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
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
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 04/18/2005
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #