


**FOR PROFIT CORPORATION
 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P02000131754 1. Entity Name ITALMIVEN TRADUCTORES & ASOCIADOS CORP.	
---	---

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 16300 NE 19TH AVE Suite, Apt. #, etc. 229 City & State NORTH MIAMI BEACH FL Zip 33162 Country USA	3. Mailing Address Suite, Apt. #, etc. City & State City Country
---	--

DO NOT WRITE IN THIS SPACE

4. FEI Number 01-0763453	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name ALBERTO GIARDINA		
Street Address (P.O. Box Number is Not Acceptable) 19390 COLLINS AVENUE # 118		
City SUNNY ISLES BEACH	FL	Zip Code 33160

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.

GIARDINA

SIGNATURE <i>Alberto Giardina</i>	ALBERTO GIARDINA	08-26-2003
-----------------------------------	------------------	------------

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

January 1 - May 1 Fee is \$150.00
 After May 1, Fee is \$650.00
 Amended UBR is \$61.25
 *Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTE GIARDINA ALBERTO, 19390 COLLINS AVE. 3 118, SUNNY ISLES BEACH FL 33160	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP LOBATO ADRIANA, 16300 NE 19TH AVE. STE. 229, NORTH MIAMI BEACH FL 33162	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY MARIANELLA ALVAREZ, 19390 COLLINS AVE # 118, SUNNY ISLES FL 33160	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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 on an attachment with an address, with all other like empowered.

SIGNATURE: <i>Alberto Giardina</i>	ALBERTO GIARDINA	08-26-2003	305-300-7005
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	Daytime Phone #

CR2E034B (12/02)