

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 29, 2005 8:00 am
Secretary of State

04-29-2005 90223 001 ***158.75

DOCUMENT # P03000060115

1. Entity Name
ITALICA ALIMENTARI, INC.



Principal Place of Business

~~2822 SW 11TH PL~~
~~DEERFIELD BCH, FL 33442~~
4854 N. POWERLINE ROAD
DEERFIELD BEACH, FL 33073

Mailing Address

~~2822 SW 11TH PL~~
~~DEERFIELD BCH, FL 33442~~
4854 N. POWERLINE ROAD
DEERFIELD BEACH, FL 33073

* 0000000



03032005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number

57-1172570

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

DE VINCENTIS, SALVATORE
~~2822 SW 11TH PL~~
~~DEERFIELD BCH, FL 33442~~
4854 N. POWERLINE ROAD
DEERFIELD BEACH, FL 33073

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IN THIS SPACE**

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D / SECRETARY
NAME DE VINCENTIS, SALVATORE
STREET ADDRESS ~~2822 SW 11TH PL~~ 4854 N. POWERLINE ROAD
CITY-ST-ZIP DEERFIELD BCH, FL ~~33442~~ 33073

TITLE D / PRESIDENT
NAME PAOLO MARTELLOTTI
STREET ADDRESS 4854 N. POWERLINE ROAD
CITY-ST-ZIP DEERFIELD BEACH, FL 33073

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-21-05

Date

954-974-8554

Daytime Phone #