


FILED
Jun 25, 2007 8:00 am
Secretary of State

05-07-2007 90060 037 ***150.00

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P06000097862

1. Entity Name
ITALIA C.D.M. 2006, INC.



Principal Place of Business Mailing Address
233 COMMERCIAL BLVD **233 COMMERCIAL BLVD**
LAUDERDALE BY THE SEA, FL 33308 **LAUDERDALE BY THE SEA, FL 33308**

00013743



2. Principal Place of Business - No P.O. Box # 3. Mailing Address

Suite, Apt. #, etc Suite, Apt. # etc

City & State City & State

Zip Country Zip Country

04112007 Chg-P CR2E034 (12/06)

4. FEI Number: **20-5302146** Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent

DESIMONE, LORENZO
233 COMMERCIAL BLVD
LAUDERDALE BY THE SEA, FL 33308

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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 _____ DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00

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 | PVST <input type="checkbox"/> Delete DESIMONE, LORENZO 233 COMMERCIAL BLVD LAUDERDALE BY THE SEA, FL 33308 | 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 |
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: *Lorenzo Desimone* X 4-13-07
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #