

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000041309

FILED
Jan 04, 2005
Secretary of State

Entity Name: ITALIAN MANUFACTURERS AGENCY, INC.

Current Principal Place of Business:

5772 SW 24 STREET
MIAMI, FL 33155 US

New Principal Place of Business:

Current Mailing Address:

5772 SW 24 STREET
MIAMI, FL 33155 US

New Mailing Address:

FEI Number: 65-0727647

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RAPOPORT, ALLEN J
999 PONCE DE LEON BLVD
SUITE 1110
CORAL GABLES, FL 33134 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: SILVA, CHRISTOPHER
Address: 5772 SW 24 ST
City-St-Zip: MIAMI, FL 33155

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: SILVA, CHRISTOPHER
Address: 5772 SW 24 ST
City-St-Zip: MIAMI, FL 33155

Title: V () Change (X) Addition
Name: HEREU, JUDY A V
Address: 5772 SW 24 ST
City-St-Zip: MIAMI, FL 33155

Title: T () Change (X) Addition
Name: SILVA, WALDO V T
Address: 5772 SW 24 ST
City-St-Zip: MIAMI, FL 33155

Title: S () Change (X) Addition
Name: SILVA, LEIDY S
Address: 5772 SW 24 ST
City-St-Zip: MIAMI, FL 33155

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CHRISTOPHER A. SILVA

P

01/04/2005

Electronic Signature of Signing Officer or Director

_____ Date