2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000004319

Entity Name: SOCIETA D'ITALIA, INC.

FILED Jan 16, 2009 Secretary of State

Current Principal Place of Business:			New Prince	New Principal Place of Business:		
KNIGHTS OF COLUMBUS HALL 3880 FRUITVILLE ROAD SARASOTA, FL 34233 US				0 & CO TLEMAN RD FA, FL 34233	US	
Current Mailing Address:			New Mail	New Mailing Address:		
SOCIETA D"ITLIA C/O LOUISE AGNETTI 4262 MEADEIRA CT SARASOTA, FL 34233 US FEI Number: 65-0462193 FEI Number Applied For ()		DUISE AGNETTI				
		US				
		FEI Number Not App	El Number Not Applicable () Certificate of Status Desired (X)			
Name and	l Address of C	urrent Registered Agent:	Name and	d Address of I	New Registered Agent:	
	LOUISE DEIRA CT A, FL 34233	US				
	e named entity s e of Florida.	ubmits this statement for the p	ourpose of changing	its registered o	office or registered agent, or both,	
SIGNATUI	RE:					
	Electron	ic Signature of Registered Age	ent		Date	
OFFICERS AND DIRECTORS:			ADDITIO	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS		
Title: Name: Address: City-St-Zip:	T () ALBANO, JOHN 3535 SCHWALE SARASOTA, FL	BE DR	Title: Name: Address: City-St-Zip:	() Change ()Addition	
Title: Name: Address: City-St-Zip:	D () PASQUALICCHI 7392 S. LEEWY SARASOTA, FL	NN DR	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	PRES () AGNETTI, LOUI: 4262 MADEIRA SARASOTA, FL	СТ	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	FS () GIACOMAZZI, T 708 EDGEMERI SARASOTA, FL	ELANE	Title: Name: Address: City-St-Zip:	D (X GIACOMAZZI, 708 EDGEMER SARASOTA, F	RE LANE	
Title: Name: Address: City-St-Zip:	VP () SALUATORE, N 5691 HAIFAY D SARASOTA, FL	R	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	PP () CAFARO, ROCO 4856 POST POI SARASOTA, FL	NTE DR	Title: Name: Address: City-St-Zip:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOHN S ALBANO T 01/16/2009