

**2015 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F03000001547

**Entity Name:** ITAL-UIL-USA, INC.

**Current Principal Place of Business:**

660 LINTON BLVD  
SUITE 213  
DELRAY BEACH, FL 33444

**Current Mailing Address:**

660 LINTON BLVD  
SUITE 213  
DELRAY BEACH, FL 33444

**FEI Number:** 11-2860716

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

CANNONE, MARGARET  
660 LINTON BLVD.  
SUITE 213  
DELRAY BEACH, FL 33444 US

*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

**Officer/Director Detail :**

Title P  
Name JOSEPH, DELLI CARPINI  
Address 7301 18 AVENUE  
City-State-Zip: BROOKLYN NY 11204

Title V  
Name PORTO, DINO  
Address 7301 18 AVENUE  
City-State-Zip: BROOKLYN NY 11204

Title T  
Name LACARBONARA, LOUIS  
Address 7301 18 AVENUE  
City-State-Zip: BROOKLYN NY 11204

Title S  
Name FRONTERRE, SALVATORE  
Address 7301 18 AVENUE  
City-State-Zip: BROOKLYN NY 11204

*I hereby 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 all other like empowered.*

**SIGNATURE:** SALVATORE FRONTERRE

S

04/14/2015

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date