5/3/2004-90661-032-$70.00-$70.00 FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2004 FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # F03000001547

1. Entity Name
ITAL-UIL-USA, INC.

70.00

66423889

MOORE CR2E034 (11/03)

Principal Place of Business	Mailing Address
31 W. 15 STREET NEW YORK NY 10011	660 LINTON BLVD., SUITE 209 DELRAY BEACH FL 33444

2. Principal Place of Business	3. Mailing Address
660 Linton Blvd.	660 Linton Blvd.
Suite, Apt. #, etc. Suite 209	Suite, Apt. #, etc. Suite 209
City & State Delray Beach FL	City & State Delray Beach FL
Zip / Country 33444 / USA	Zip / Country 33444 / USA

4. FEI Number 11-2860716 ☐ 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
CANNONE, MARGARET 660 LINTON BLVD., SUITE 209 DELRAY BEACH FL 33444	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
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $196.00 61.25
After May 1, 2004 Fee will be $550.00
Make Check Payable to Florida Department of State

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 J NAME SILLS, JOHN STREET ADDRESS 31 W. 15TH STREET CITY-ST-ZIP NEW YORK NY 10011	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE BRLN NAME O, VINCE STREET ADDRESS 4520 FIRESTONE CITY-ST-ZIP DEARBOR MI 48126	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE ST NAME LACARBOARLA, LOUIS STREET ADDRESS 31 W 15TH ST CITY-ST-ZIP NEW YORK NY 10011	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE D NAME FRONTERRE, SALVATORE STREET ADDRESS 31 W 15TH STREET CITY-ST-ZIP NEW YORK NY 10011	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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: SALVATORE FRONTERRE 5/20/04
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL Date Daytime Phone #

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