

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 27, 2004 8:00 am
Secretary of State

01-27-2004 90008 044 ***150.00

DOCUMENT # F03000003600

1. Entity Name
VENGROFF, WILLIAMS & ASSOCIATES ITALY, INC.



Principal Place of Business

**SUITE 101
203 NE FRONT STREET
MILFORD, DE 19963**

Mailing Address

**2211 FRUITVILLE RD.
SARASOTA, FL 34237**

44004907



01062004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
84-1620514

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**VENGROFF, HARVEY
2211 FRUITVILLE RD.
SARASOTA, FL 34237**

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

Harvey Vengroff, COB *01/06/2004*

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	COB
NAME	VENGROFF, HARVEY
STREET ADDRESS	5135 RIVERWOOD AVE
CITY-ST-ZIP	SARASOTA, FL 34231
TITLE	CEO
NAME	WILLIAMS, ROBERT G
STREET ADDRESS	3615 HIDDEN RIVER ROAD
CITY-ST-ZIP	SARASOTA, FL 34240
TITLE	P
NAME	VENGROFF, MARK K
STREET ADDRESS	1 CAVALIER DR
CITY-ST-ZIP	NEWPORT COAST, CA 92646
TITLE	V
NAME	VENGROFF, JOEL H
STREET ADDRESS	1 BANKSIDE DR.
CITY-ST-ZIP	CENTERPORT, NY 11721
TITLE	S
NAME	VENGROFF, KRISTY L
STREET ADDRESS	255 WOODBINE AVE.
CITY-ST-ZIP	NORTHPORT, NY 11768
TITLE	CTO
NAME	TOREK, GABE V
STREET ADDRESS	14 ARROWOOD DR
CITY-ST-ZIP	ST JAMES, NY 11780

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Harvey Vengroff, COB *01/06/2004* *941-363-5316*

Date

Daytime Phone #