

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F03000003600

FILED
Mar 04, 2009
Secretary of State

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

Current Principal Place of Business:

SUITE 101
203 NE FRONT STREET
MILFORD, DE 19963

New Principal Place of Business:

Current Mailing Address:

PO BOX 50849
SARASOTA, FL 34232

New Mailing Address:

FEI Number: 84-1620514

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KING, DAVID L J.D.
2211 FRUITVILLE ROAD
SARASOTA, FL 34237 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: CEO () Delete
Name: WILLIAMS, ROBERT G
Address: 3615 HIDDEN RIVER ROAD
City-St-Zip: SARASOTA, FL 34240

Title: P () Delete
Name: VENGROFF, MARK K
Address: 18 CAPE FRIO
City-St-Zip: NEWPORT COAST, CA 92657

Title: V () Delete
Name: VENGROFF, JOEL H
Address: 1 BANKSIDE DR.
City-St-Zip: CENTERPORT, NY 11721

Title: S () Delete
Name: CARINO, KRISTY L
Address: 10 INLET PLACE
City-St-Zip: HUNTINGTON, NY 11743

Title: CTO () Delete
Name: TOREK, GABE V
Address: 1900 SOUTH OCEAN BLVD #15R
City-St-Zip: LAUDERDALE BY THE SEA, FL 33062

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CEO (X) Change () Addition
Name: WILLIAMS, ROBERT G
Address: 2211 FRUITVILLE RD
City-St-Zip: SARASOTA, FL 34237

Title: P (X) Change () Addition
Name: VENGROFF, MARK K
Address: 2211 FRUITVILLE RD
City-St-Zip: SARASOTA, FL 34237

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROBERT WILLIAMS

CEO

03/04/2009

Electronic Signature of Signing Officer or Director

Date