2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F94000003743

Entity Name: IMOLA MARKETING AND SERVICES, INC

FILED Jan 27, 2005 Secretary of State

Entity Nar	ne: IMOLA M	ARKETING AND SERVICES,	INC.			
Current Principal Place of Business:			New Princ	New Principal Place of Business:		
8975 NW 25 STREET MIAMI, FL 33172				8975 NW 25 STREET MIAMI, FL 33172 US		
Current Mailing Address:			New Maili	New Mailing Address:		
8975 NW 25 STREET MIAMI, FL 33172				8975 NW 25 STREET MIAMI, FL 33172 US		
FEI Number:	65-0230057	FEI Number Applied For()	FEI Number Not Appl	icable ()	Certificate of Status Desired ()	
Name and	Address of C	urrent Registered Agent:	Name and	Address of I	New Registered Agent:	
150 W. FL/ MIAMI, FL The above	EUM TOWER AGLER STRE 33130 US		ourpose of changing i	ts registered o	office or registered agent, or both,	
SIGNATUF	RE:					
	Electror	ic Signature of Registered Age	ent		Date	
Election Can	npaign Financin	g Trust Fund Contribution ().				
OFFICERS AND DIRECTORS:			ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip: Title:	SINDONI, SALV 8975 NW 25 ST MIAMI, FL 331	7	Title: Name: Address: City-St-Zip: Title:	PAGLIALONGA 8975 NW 25 S MIAMI, FL 331 D (T 172 US) Change (X) Addition	
Name: Address: City-St-Zip:			Name: Address: City-St-Zip:	CARCIOFFI, S 8975 NW 25 S MIAMI, FL 331	TREET	
Title: Name: Address: City-St-Zip:	()	Delete	Title: Name: Address: City-St-Zip:	D (SINDONI, SAL' 8975 NW 25 S MIAMI, FL 331	TREET	
Title: Name: Address: City-St-Zip:	()	Delete	Title: Name: Address: City-St-Zip:	D (REITANO, LAU 8975 NW 25 S MIAMI, FL 331	TREET	

I hereby certify that the information supplied with this filing does not qualify for the 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 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: MAURIZIO PAGLIALONGA DIR 01/27/2005