## **\* 2006 LIMITED LIABILITY COMPANY**

## **FILED ANNUAL REPORT** Apr 20, 2006 08:00 AN Secretary of State **DOCUMENT # L03000053175** 1. Entity Name ITALGROUP ENTERPRISES LLC Principal Place of Business Mailing Address 14209 S. W. 139TH, COURT 14209 S. W. 139TH, COURT MIAMI, FL 33186 MIAMI, FL 33186 03302006 No Chg-LLC CR2E083 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 20-0491773 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent SIERVO, MARCO B DO NOT WRITE 15500 S. W. 82ND. AVENUE MIAMI, FL 33157 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. the obligations of rea SIGNATURE (NOTE Registered Agent signature required when reinstalling) Filing Fee is \$50.00 Due by May 1, 2006 MANAGING MEMBERS/MANAGERS 9. MGR TITLE SIERVO, MARCO B NAME STREET ADDRESS 15500 S. W. 82ND, AVE. MIAMI, FL 33157 U000000519436 CITY-ST-ZIP 05/02/06-80054-004 50.00 MGR TITLE SIERVO, MARISA STREET ADDRESS 15500 S. W. 82ND. AVE. MIAMI, FL 33157 CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY - ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY - ST-ZIP

11. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

HAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

SIGNATURE

NAME STREET ADDRESS CITY-ST-ZIP

2006

Daytime Phone #