

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000084935

Entity Name: ITALGLASS, LLC

FILED
Aug 09, 2005
Secretary of State

Current Principal Place of Business:

3650 AVOCADO AVE.
MIAMI, FL 33133

New Principal Place of Business:

Current Mailing Address:

3650 AVOCADO AVE.
MIAMI, FL 33133

New Mailing Address:

FEI Number: 20-3276021 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

AISNER, ANDRES
3650 AVOCADO AVE.
MIAMI, FL 33133 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

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: AISNER, ANDRES
Address: 3650 AVOCADO AVE.
City-St-Zip: MIAMI, FL 33133

Title: MGRM () Delete
Name: SOSNOWSKI, VLADIMIRO
Address: 3650 AVOCADO AVE.
City-St-Zip: MIAMI, FL 33133

Title: MGRM () Delete
Name: ORCO, CARLOS A
Address: 3650 AVOCADO AVE.
City-St-Zip: MIAMI, FL 33133

ADDITIONS/CHANGES:

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 for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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.

SIGNATURE: ANDRES AISNER

MGRM

08/09/2005

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date