2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000034554

Entity Name: THE ITALIAN JOB LLC

Address:

City-St-Zip:

KEY BISCAYNE, FL 33149

FILED Feb 08, 2007 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 30 SW 19TH RD 127 N MIAMI AVE MIAMI, FL 33129 MIAMI, FL 33128 **Current Mailing Address: New Mailing Address:** PO BOX 490926 127 N MIAMI AVE KEY BISCAYNE, FL 33149 MIAMI, FL 33128 FEI Number: 20-4630916 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: ZECCHINI, ANA L 30 SW 19TH RD MIAMI, FL 33129 US 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: ADDITIONS/CHANGES: MGR () Delete Title: () Change () Addition ZECCHINI, GUIDO Name: Name: Address: PO BOX 490926 Address: City-St-Zip: KEY BISCAYNE, FL 33149 City-St-Zip: Title: MGR () Delete Title: () Change () Addition Name: CUNI, CLAUDIO Name: Address: PO BOX 490926 Address: City-St-Zip: KEY BISCAYNE, FL 33149 City-St-Zip: Title: MGR () Delete Title: () Change () Addition PAGANOTTO, ADRIANO Name: Name: PO BOX 490926

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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.

Address:

City-St-Zip:

SIGNATURE: GUIDO ZECCHINI 02/08/2007