2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 28, 2009
Secretary of State

DOCUMENT# L07000073328

Entity Name: ITALSYSTEM LLC

Current Principal Place of Business:

10110 NW 41 ST
DORAL, FL 33178

New Principal Place of Business:

3059 NW 102 PATH
DORAL, FL 33172

Current Mailing Address:

10110 NW 41 ST
DORAL, FL 33178

New Mailing Address:

3059 NW 102 PATH
DORAL, FL 33172

FEI Number: 26-0531262 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

DE LISIO, FABIANO MGRM
10110 NW 41 ST
DORAL, FL 33178 US

Name and Address of New Registered Agent:

DE LISIO, FABIANO MGRM
3059 NW 102 PATH
DORAL, FL 33172 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: FABIANO DE LISIO 04/28/2009
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: DE LISIO, FABIANO MGRM
Address: 10110 NW 41 ST
City-St-Zip: DORAL, FL 33178

Title: MGRM ( ) Delete
Name: GIANFRANCESCO, PATRICIA MGRM
Address: 10110 NW 41 ST
City-St-Zip: DORAL, FL 33178

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: DE LISIO, FABIANO MGRM
Address: 3059 NW 102 PATH
City-St-Zip: DORAL, FL 33172

Title: MGRM (X) Change ( ) Addition
Name: GIANFRANCESCO, PATRICIA MGRM
Address: 3059 NW 102 PATH
City-St-Zip: DORAL, FL 33172

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 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: FABIANO DE LISIO MGRM 04/28/2009
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date