APPROVED
AND
FILED

03 SEP -2 AM 8:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L52488

1. Entity Name
ITALTECH, INC.

Principal Place of Business
12114 SW 117TH COURT
MIAMI, FL 33186 US

Mailing Address
12114 SW 117TH COURT
MIAMI, FL 33186 US

2. Principal Place of Business
12105 SW 130 ST
Suite, Apt. #, etc.
SUITE 203
City & State
MIAMI, FL
Zip 33186 Country MIAMI-DADE

3. Mailing Address
12105 SW 130 ST
Suite, Apt. #, etc.
SUITE 203
City & State
MIAMI, FL
Zip 33186 Country MIAMI-DADE

☒ CHECK HERE IF MAKING CHANGES

4. FEI Number 65-0180534 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
BATTISTINI, ROMOLO
12114 SW 117TH COURT
MIAMI, FL 33186

7. Name and Address of New Registered Agent
Name ROMOLO BATTISTINI
Street Address (P.O. Box Number Is Not Acceptable)
12105 SW 130 ST, STE 203
City MIAMI FL Zip Code 33186

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.

SIGNATURE [signature] 8-28-03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when statement) DATE

FILE NOW!! FEE IS $150.00
After May 4, 2003 Fee will be $550.00
Late Amended UBR is $400.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	P ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	BATTISTINI, ROMOLO	NAME	
STREET ADDRESS	7682 SW 169 ST	STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 33157	CITY-ST-ZIP	
TITLE	VP ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	BATTISTINI, PIERO	NAME	
STREET ADDRESS	9060 SW 83RD STREET	STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 33173	CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

100002209310
09/02/03--01075--008 **550.00

CORE034 (10/02)

12. I hereby certify that the information supplied with this filing does not qualify 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] 8-28-03 305-256-9651
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #