2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2005
Secretary of State

DOCUMENT# L54913

Entity Name: ITALCAMBIO INTERNATIONAL COMPANY

Current Principal Place of Business:

1111 KANE CONCOURSE
SUITE #410
BAY HARBOR ISLANDS, FL US

New Principal Place of Business:

Current Mailing Address:

1111 KANE CONCOURSE
SUITE #410
BAY HARBOR ISLANDS, FL US

New Mailing Address:

FEI Number: 65-0191742 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

PAEZ, MIALGROS
1111 KANE CONCOURSE #410
BAY HARBOR ISLAND, FL 33154 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

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: PIZZORNI, FRANCO
Address: 5010 NORTH BAY RD
City-St-Zip: MIAMI BEACH, FL 33140

Title: VP ( ) Delete
Name: PIZZORNI, ALEJANDRO
Address: 4760 NORTH BAY RD
City-St-Zip: MIAMI BEACH, FL 33140

Title: S ( ) Delete
Name: PIZZORNI, GABRIELLA
Address: 9559 COLLINS AVE #1102
City-St-Zip: SURF SIDE, FL 33154

Title: D ( ) Delete
Name: PIZZORNI, GIUSEPPINA
Address: 9559 COLLINS AVE #1101
City-St-Zip: SURF SIDE, FL 33154

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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 or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GABRIELLA PIZZORNI S 04/14/2005

Electronic Signature of Signing Officer or Director Date