

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Feb 25, 2004 8:00 am
Secretary of State

02-25-2004 90281 042 ****50.00

DOCUMENT # L93000000417

1. Entity Name

ITALASWEDE INTERNATIONAL, L.C.



Principal Place of Business

~~7549 LODGE POLE TRAIL
 WINTER PARK FL 32792~~

Mailing Address

P.O. BOX 4488
 WINTER PARK FL 32793-4488

24014214



MOORE CR2E083 (11/03)

2. Principal Place of Business

840 N. ORLANDO AVE.

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

WINTER PARK, FL

City & State

4. FEI Number

59-3252152

Applied For

Not Applicable

Zip

32789

Country

ORANGE

Zip

Country

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

GASDICK, MICHAEL J
 37 N. ORANGE AVE., SUITE 210
 ORLANDO FL 32801

7. Name and Address of New Registered Agent

Name

FRANK DE MARIA

Street Address (P.O. Box Number is Not Acceptable)

7549 LODGE POLE TRL.

City

WINTER PARK

FL

Zip Code

32792-9054

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

Frank De Maria

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

2/20/2004

FILE NOW!!! FEE IS \$50.00

**Make Check Payable to Florida Department of State
 Due By May 1, 2004**

9. MANAGING MEMBERS/MANAGERS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete
MGRM	NICASTRO, GIACOMO	ORMBERG SVAGEN 10	117 67 STOCKHOLM, SWEDEN	<input type="checkbox"/>
MGRM	NICASTRO, SALVATORE	ORMBERG SVAGEN 10	117 67 STOCKHOLM, SWEDEN	<input type="checkbox"/>
MGRM	NICASTRO, ANITA H.	ORMBERG SVAGEN 10	117 67 STOCKHOLM, SWEDEN	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

10. ADDITIONS/CHANGES

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

11. 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 is true and accurate and that my 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:

Giuseppe Nicastro

2/20/2004

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #