


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 22, 2006 08:00 AM
Secretary of State

DOCUMENT # L93000000417
 1. Entity Name
 ITALASWEDE INTERNATIONAL, L.C.



Principal Place of Business Mailing Address
 840 N. ORLANDO AVE. P.O. BOX 4488
 WINTER PARK, FL 32789 WINTER PARK, FL 32793-4488



03042006 No Chg-LLC CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number Applied For
 59-3252152 Not Applicable

5. Certificate of Status Desired \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent
 DE MARIA, FRANK
 7549 LODGE DOLE TRL
 WINTER PARK, FL 32792-9054

DO NOT WRITE IN THIS SPACE

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$50.00 Due by May 1, 2006

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	NICASTRO, GIACOMO
STREET ADDRESS	ORMBERG SVAGEN 10
CITY-ST-ZIP	117 67 STOCKHOLM, SWEDEN.
TITLE	MGRM
NAME	NICASTRO, SALVATORE
STREET ADDRESS	ORMBERG SVAGEN 10
CITY-ST-ZIP	117 67 STOCKHOLM, SWEDEN.
TITLE	MGRM
NAME	NICASTRO, ANITA H
STREET ADDRESS	ORMBERG SVAGEN 10
CITY-ST-ZIP	117 67 STOCKHOLM, SWEDEN.
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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00000585716
 05/22/06-80008-023 50.00

00000581581
 05/19/06-80022-004 55.00

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: *Christina Nicastro* 5/11/06 4074678-9573
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #