

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 11, 2004 8:00 am**  
**Secretary of State**

05-11-2004 90076 048 \*\*\*150.00

**DOCUMENT # M47672**

1. Entity Name

ITALIAN GOLD MANUFACTURING CORPORATION



Principal Place of Business

779 WEST FLAGLER STREET  
MIAMI FL 33130  
US

Mailing Address

PO BOX 403593  
MIAMI FL 33140  
US

2. Principal Place of Business

5233 Alton Rd.  
Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 403593  
Suite, Apt. #, etc.

City & State

Miami

City & State

Miami FL

4. FEI Number

59-2818808

Applied For

Not Applicable

Zip

33140

Country

USA

Zip

33140

Country

USA

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

TROIA, ALESSIO  
5233 ALTON RD  
MIAMI BEACH FL 33140

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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

*Alessio Troia*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2004 Fee will be \$550.00**

**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

TITLE PD  
NAME TROIA, ORIELLI ☐ Delete  
STREET ADDRESS C/O 1300 CORAL WAY #301  
CITY-ST-ZIP MIAMI FL

TITLE VTD  
NAME TROIA, ANGIELLE ☐ Delete  
STREET ADDRESS C/O 1300 CORAL WAY #301  
CITY-ST-ZIP MIAMI FL

TITLE SD  
NAME TROIA, MIGROS ☐ Delete  
STREET ADDRESS 5233 ALTON RD  
CITY-ST-ZIP MIAMI BCH FL 33140

TITLE TCD  
NAME TROIA, ALESSIO ☐ Delete  
STREET ADDRESS 5233 ATON RD  
CITY-ST-ZIP MIAMI BEACH FL

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:

*Alessio Troia*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-28-04 305 865-7161