


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 09, 2005 08:00 AM
Secretary of State

DOCUMENT # M47672 1. Entity Name ITALIAN GOLD MANUFACTURING CORPORATION	
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Principal Place of Business 5233 ALTON ROAD MIAMI, FL 33140 US	Mailing Address PO BOX 403593 MIAMI, FL 33140 US
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04062005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-2818808	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent TROIA, ALESSIO 5233 ALTON RD MIAMI BEACH, FL 33140
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**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 _____
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, 2005 Fee will be \$550.00**

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

**U000000295813
04/09/05-80043-017 150.00**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PDT TROIA, ORIELLI C/O 1300 CORAL WAY #301 MIAMI, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VTD TROIA, ANGIELLE C/O 1300 CORAL WAY #301 MIAMI, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD TROIA, MIGROS 5233 ALTON RD MIAMI BCH, FL 33140
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TCD TROIA, ALESSIO 5233 ATON RD MIAMI BEACH, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

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: *Orielli Troia* **04/07/05 305-868-1304**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #