

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# M47672

FILED
May 13, 2009
Secretary of State

Entity Name: ITALIAN GOLD MANUFACTURING CORPORATION

Current Principal Place of Business:

5233 ALTON ROAD
MIAMI, FL 33140 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 403593
MIAMI, FL 33140 US

New Mailing Address:

FEI Number: 59-2818808

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TROIA, ALESSIO
5233 ALTON RD
MIAMI BEACH, FL 33140 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PDT () Delete
Name: TROIA, ORIELLI
Address: 5233 ALTON RD
City-St-Zip: MIAMI, FL 33140

Title: VTD () Delete
Name: TROIA, ANGIELLE
Address: 5233 ALTON RD
City-St-Zip: MIAMI, FL

Title: SD () Delete
Name: TROIA, MIGROS
Address: 5233 ALTON RD
City-St-Zip: MIAMI BCH, FL 33140

Title: TCD () Delete
Name: TROIA, ALESSIO
Address: 5233 ATON RD
City-St-Zip: MIAMI BEACH, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: SD (X) Change () Addition
Name: TROIA, ORIELLI
Address: 5233 ALTON RD
City-St-Zip: MIAMI BCH, FL 33140

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

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: ORIELLI TROIA

PDT

05/13/2009

Electronic Signature of Signing Officer or Director

Date