


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 08, 2005 8:00 am
Secretary of State

04-08-2005 90039 050 ***150.00

DOCUMENT # M53067	
1. Entity Name SUNNY ITALY, INC.	

Principal Place of Business 6830 SW 90 ST MIAMI, FL 33156	Mailing Address % PIERANGELO TRINCERO 7634 S.W. 77TH CT. MIAMI, FL 33143
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03312005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2831848	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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6. Name and Address of Current Registered Agent	
TRINCERO, PIERANGELO 7634 S.W. 77TH CT. MIAMI, FL 33143	<i>NEW ADDRESS</i> 6830 SW 90 ST. PINECREW, FL 33156

**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 _____ (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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PAPOTTO, NICOLA 730 N.W. 106TH AVE. MIAMI, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TRINCERO, PIERANGELO 7634 S.W. 77TH CT. MIAMI, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>NEW ADDRESS</i> 6830 SW 90 ST. PINECREW, FL 33156
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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: _____ *04-05-05* *786-306-9651*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #