2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000002152

FILED Apr 28, 2005 Secretary of State

Entity Name: AMERICAN INSTITUTE OF ITALIAN CULTURE, INC.

	rincipal Place of Business:	www.rimerparriaec	New Principal Place of Business:	
410 MERIE MIAMI BE <i>A</i>	DIAN AVE. ACH, FL 33139			
Current Mailing Address:		New Mailing Addres	New Mailing Address:	
410 MERIC SECOND I MIAMI BE <i>R</i>				
FEI Number:	FEI Number Applied For ()	El Number Not Applicable (X)	Certificate of Status Desired ()	
Name and	Address of Current Registered Agent:	Name and Address	of New Registered Agent:	
410 MERIE STE. 201 MIAMI BEA The above	I, CRISTIANO DIAN AVENUE ACH, FL 33139 US named entity submits this statement for the purpo	ose of changing its registere	ed office or registered agent, or both,	
	e of Florida.			
SIGNATUF	Electronic Signature of Registered Agent		 Date	
OFFICERS AND DIRECTORS:		ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
Title: Name: Address: City-St-Zip:	PD () Delete MARINARI, CRISTIANO 410 MERIDIAN AVENUE STE 201 MIAMI BEACH, FL 33139	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	VD () Delete MURICCHIO, COSTANTINO MD 410 MERIDIAN AVENUE STE 201 MIAMI BEACH, FL 33139	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	SD () Delete DEGL'INNOCENTO, ROBERTO 410 MERIDIAN AVENUE STE 201 MIAMI BEACH, FL 33139	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	VD () Delete RANCATI, ALESSANDRO 410 MERIDIAN AVE STE 201 MIAMI BEACH, FL 33139	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	VD () Delete FACILLA, FRANCESCO 410 MERIDIAN AVE STE 201 MIAMI BEACH, FL 33139	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name:	VD () Delete ZARDIN, LUCA G	Title: Name:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the 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 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CRISTIANO MARINARI P 04/28/2005