2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 21, 2009
Secretary of State

DOCUMENT# N03000005004

Entity Name: FLORIDA ASSOCIATION OF TEACHERS OF ITALIAN CORP.

Current Principal Place of Business:

C/O ODLI/ 220 MIRACLE MILE
SUITE 213
CORAL GABLES, FL 33134

New Principal Place of Business:

13920 SW 108 ST.
MIAMI, FL 33186

Current Mailing Address:

C/O ODLI/ 220 MIRACLE MILE
SUITE 213
CORAL GABLES, FL 33134

New Mailing Address:

13920 SW 108 ST.
MIAMI, FL 33186

FEI Number: 20-0820671 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MOSCA, ANNALISA
C/O ODLI/ 220 MIRACLE MILE
SUITE 213
CORAL GABLES, FL 33134 US

Name and Address of New Registered Agent:

MOSCA, ANNALISA
13920 SW 108 STREET
MIAMI, FL 33186 US

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: LUZ MILIANI 02/21/2009
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: MOSCA, ANNALISA
Address: C/O ODLI/ 220 MIRACLE MILE/SUITE 213
City-St-Zip: CORAL GABLES, FL 33134

Title: T ( ) Delete
Name: LUZ, MILIANI
Address: C/O ODLI/ 220 MIRACLE MILE/SUITE 213
City-St-Zip: CORAL GABLES, FL 33134

Title: S ( ) Delete
Name: DOMINGO, ARMAS
Address: C/O ODLI/ 220 MIRACLE MILE/SUITE 213
City-St-Zip: CORAL GABLES, FL 33134

Title: VP ( ) Delete
Name: ZINI, LUCA
Address: C/O ODLI/ 220 MIRACLE MILE/SUITE 213
City-St-Zip: CORAL GABLES, FL 33134

Title: D ( ) Delete
Name: NOVELLI, MAGDA
Address: C/O ODLI/ 220 MIRACLE MILE/SUITE 213
City-St-Zip: CORAL GABLES, FL 33134

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: T (X) Change ( ) Addition
Name: LUZ, MILIANI
Address: 13920 SW 108 STREET
City-St-Zip: MIAMI, FL 33186

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

Title: VP (X) Change ( ) Addition
Name: NOVELLI, MAGDA
Address: C/O ODLI/ 220 MIRACLE MILE/SUITE 213
City-St-Zip: CORAL GABLES, FL 33134

Title: D (X) Change ( ) Addition
Name: CORNACCHIA, BARBARA
Address: C/O ODLI/ 220 MIRACLE MILE/SUITE 213
City-St-Zip: CORAL GABLES, FL 33134

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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LUZ MILIANI T 02/21/2009
Electronic Signature of Signing Officer or Director — Date