## 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N04000008719

FILED Jan 20, 2007 Secretary of State

Entity Name: CLUB CULTURALE ITALIA OF GREATER ORLANDO, INCORPORATED

Current Principal Place of Business:		New Principal Place of Business:		
% G. VIAN 1024 ARTI ORLANDO				
Current Mailing Address:		New Mailing Address:		
% G. VIAN 1024 ARTI ORLANDO				
FEI Number:	: 55-0877743	FEI Number Applied For()	FEI Number Not Applicable ( )	Certificate of Status Desired ( )
Name and	Address of	Current Registered Agent:	Name and Address	of New Registered Agent:
	LOMA DR D, FL 32837	US	purpose of changing its register	red office or registered agent, or both,
The above				
	e named entity e of Florida.	submits this statement for the p	outpose of changing its register	red office of registered agent, or both,
	e of Florida.	Submits this statement for the p	ourpose of changing its register	red office of registered agent, or both,
in the State	e of Florida. ** RE:	nic Signature of Registered Ag		Date
in the State	e of Florida. ** RE:	nic Signature of Registered Ag	ent	
in the State	e of Florida.  RE: Electro  S AND DIREC	nic Signature of Registered Age CTORS: ) Delete OVANNI	ent	Date
in the State SIGNATUF  OFFICERS  Title: Name: Address:	e of Florida.  RE: Electro  S AND DIRECTOR  P ( VIANELLO, GI 1024 ARTHUR ORLANDO, FL	nic Signature of Registered Age CTORS:  ) Delete OVANNI 1 AVE 2 32804  ) Delete CIO C IA DR	ent  ADDITIONS/CHAN  Title: Name: Address:	Date  GES TO OFFICERS AND DIRECTORS
in the State SIGNATUF  OFFICERS Title: Name: Address: City-St-Zip: Title: Name: Address:	e of Florida.  RE: Electro  S AND DIREC  P ( VIANELLO, GI 1024 ARTHUR ORLANDO, FL  VP ( RUZZIER, LUC 13340 PALOM ORLANDO, FL	nic Signature of Registered Age CTORS:  ) Delete OVANNI AVE . 32804  ) Delete CIO C IA DR . 32837  ) Delete OGTON LN	ADDITIONS/CHANGE Title: Name: Address: City-St-Zip: Title: Name: Address:	Date  GES TO OFFICERS AND DIRECTORS  ( ) Change ( ) Addition

I hereby certify that the information supplied with this filing does not qualify for the 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: GIOVANNI BONFANTI T 01/20/2007