

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 22, 2004 8:00 am**  
**Secretary of State**

03-22-2004 90022 050 \*\*\*\*61.25

<b>DOCUMENT # N93000004319</b> 1. Entity Name <b>SOCIETA D'ITALIA, INC.</b>			
Principal Place of Business <b>AMERICAN LEGION HALL</b> <b>3308 SAINWOOD DR</b> <b>SARASOTA, FL 34232 US</b>		Mailing Address <b>SOCIETA D'ITALIA C/O FRANK TARANTO</b> <b>4197 HEARTHSTONE DR</b> <b>SARASOTA, FL 34238 US</b>	
2. Principal Place of Business <b>VEW HALL</b> Suite, Apt. #, etc. <b>124 So TUTTLE AVE</b> City & State <b>SARASOTA FL.</b> Zip <b>34232</b> Country <b>USA</b>		3. Mailing Address <b>SOCIETA D'ITALIA CALANDRA</b> Suite, Apt. #, etc. <b>4197 HEARTHSTONE DR.</b> City & State <b>SARASOTA FL.</b> Zip <b>34238</b> Country <b>USA</b>	
4. FEI Number <b>65-0462193</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>COSITORE, DANIEL A</b> <b>4475 CHASE OAKS AVE</b> <b>SARASOTA, FL 34241</b>		7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right;"> <b>FL</b> Zip Code         </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2004</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>			
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>	
TITLE <b>T</b> NAME <b>CALANDRA, BARBARA</b> STREET ADDRESS <b>4197 HEARTHSTONE DR</b> CITY-ST-ZIP <b>SARASOTA, FL 34236</b>	<input type="checkbox"/> Delete	TITLE <b>D</b> NAME <b>PASQUALICCHIO, ANTONIO</b> STREET ADDRESS <b>1392 S. LEEWYNN DR.</b> CITY-ST-ZIP <b>SARASOTA, FL 34240</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE <b>D</b> NAME <b>CAFARO, NICK</b> STREET ADDRESS <b>4310 MARCOH CIRCLE</b> CITY-ST-ZIP <b>SARASOTA, FL 34233</b>	<input checked="" type="checkbox"/> Delete	TITLE <b>DS</b> NAME <b>LOUISE AGNETTI</b> STREET ADDRESS <b>4262 MADEIRA CT</b> CITY-ST-ZIP <b>SARASOTA, FL 34233</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE <b>FS</b> NAME <b>COSITORS, CAROLE</b> STREET ADDRESS <b>4475 CHASE OAKS DR</b> CITY-ST-ZIP <b>SARASOTA, FL 34241</b>	<input type="checkbox"/> Delete	TITLE <b>VP</b> NAME <b>CAFARO, ROCCO</b> STREET ADDRESS <b>4856 POST POINTE DR</b> CITY-ST-ZIP <b>SARASOTA, FL 34233</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE <b>VP</b> NAME <b>CELLA, ANTHONY</b> STREET ADDRESS <b>7007 BRIDAL PATH COURT</b> CITY-ST-ZIP <b>UNIVERSITY PARK, FL 34201</b>	<input checked="" type="checkbox"/> Delete	TITLE <b>P</b> NAME <b>NICK CAFARO</b> STREET ADDRESS <b>4310 MARCOH CIRCLE</b> CITY-ST-ZIP <b>SARASOTA, FL 34233</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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 617, 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.			
<b>SIGNATURE:</b> <u>Barbara Calandra</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date <u>3/17/04</u> (941) 966-9720 <small>Daytime Phone #</small>	