

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 10, 2005 8:00 am**  
**Secretary of State**

02-10-2005 90055 020 \*\*\*\*70.00

<b>DOCUMENT # N93000004319</b>			
<b>1. Entity Name</b> SOCIETA D'ITALIA, INC.			
<b>Principal Place of Business</b> VFW HALL 124 SOUTH TUTTLE AVE SARASOTA, FL 34232 US		<b>Mailing Address</b> SOCIETA D'ITALIA C/O BARBARA CALANDRA 4197 HEARTHSTONE DR SARASOTA, FL 34238 US	
<b>2. Principal Place of Business</b> F.O.P. HALL Suite, Apt. #, etc. 3600 CIRCUS BLVD.		<b>3. Mailing Address</b> Suite, Apt. #, etc.	
<b>City &amp; State</b> SARASOTA FL		<b>City &amp; State</b>	
<b>Zip</b> 34232-1339		<b>Country</b> USA	
<b>4. FEI Number</b> 65-0462193		<b>Applied For</b> <input type="checkbox"/> Not Applicable	
<b>5. Certificate of Status Desired</b> <input checked="" type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b> COSITORE, DANIEL A 4475 CHASE OAKS AVE SARASOTA, FL 34241		<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
<b>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.</b>			
<b>SIGNATURE</b> _____ <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 Due by May 1, 2005</b>		<b>9. Election Campaign Financing</b> <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>	
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> CALANDRA, BARBARA 4197 HEARTHSTONE DR SARASOTA, FL 34236	<input type="checkbox"/> Delete	<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> PASQUALICCHIO, ANTONIO 7392 S. LEEWYNN DR SARASOTA, FL 34240	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>DS</b> AGNETTI, LOUIS 4263 THADEIRA CT SARASOTA, FL 34233	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>FS</b> COSITORS, CAROLE 4475 CHASE OAKS DR SARASOTA, FL 34241	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> CAFARO, ROOCO 4856 POST POINTE DR SARASOTA, FL 34233	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> CAFARO, NICK 4310 MARCOTT CIRCLE SARASOTA, FL 34233	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>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 line empowered.</b>			
<b>SIGNATURE:</b> <i>Barbara A. Calandra</i> <b>BARBARA A. CALANDRA</b> 2/1/05 (941)			
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>			

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