2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 06, 2006 8:00 am
Secretary of State
03-06-2006 90015 009 ****61.25

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1. Entity Name
SOCIETA D'ITALIA, INC.

Principal Place of Business	Mailing Address
F.O.P. HALL 3600 CIRCUS BLVD SARASOTA, FL 34232-1339 US	SOCIETA D'ITLIA C/O BARBARA CALANDR 4197 HEARTHSTONE DR SARASOTA, FL 34238 US

02122006 Chg-NP CR2E037 (11/05)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Societa D'Italia c/o Joyce CAFARO Suite, Apt. #, etc. 4856 POST POINTE DR.
City & State	City & State SARASOTA FL
Zip / Country	Zip 34233 Country SARASOTA

4. FEI Number 65-0462193 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
COSITORE, DANIEL A 4475 CHASE OAKS AVE SARASOTA, FL 34241	Name ROCCO CAFARO Street Address (P.O. Box Number is Not Acceptable) 4856 POST POINTE DRIVE City SARASOTA FL Zip Code 34233

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 Rocco Cafaro Pres DATE 3/1/06
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2006

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T CALANDRA, BARBARA 4197 HEARTSTONE DR SARASOTA, FL 34236	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TREASURER PETE DAMIANO 4943 WOODHURST DRIVE SARASOTA FL. 34243	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D PASQUALICCHIO, ANTONIO 7392 S. LEEWYNN DR SARASOTA, FL 34240	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DS AGNETTI, LOUIS 4263 THADEIRA CT SARASOTA, FL 34233	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	FS COSITORS, CAROLE 4475 CHASE OAKS DR SARASOTA, FL 34241	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	FS CAFARO, JOYCE 4856 POST POINTE DR SARASOTA, FL. 34233	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP CAFARO, ROOCO 4856 POST POINTE DR SARASOTA, FL 34233	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP SALVATORE J. NAIO 5691 HALIFAX DRIVE SARASOTA FL 34233	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P CAFARO, NICK 4310 MARCOTT CIRCLE SARASOTA, FL 34233	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P CAFARO, ROCCO 4856 POST POINTE DR SARASOTA FL 34233	☐ Change ☒ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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.

SIGNATURE: Joyce C Cafaro 3/1/06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #