

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000039589

Entity Name: ITALIAN GATOR, INC.

FILED
Apr 13, 2007
Secretary of State

Current Principal Place of Business:

1728 W. UNIVERSITY AVENUE
#A
GAINESVILLE, FL 32603

New Principal Place of Business:

Current Mailing Address:

1728 W. UNIVERSITY AVENUE
#A
GAINESVILLE, FL 32603

New Mailing Address:

FEI Number: 65-1002019

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MILLS, JOEL
1728 WEST UNIVERSITY AVE
SUITE A
GAINESVILLE, FL 32603 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: VP () Delete
Name: LICATA, PETER
Address: 5450 NW 33RD AVE., STE. 111
City-St-Zip: FT. LAUDERDALE, FL 33309

Title: P () Delete
Name: MILLS, JOEL S
Address: 1728 WEST UNIVERSITY AVE # A
City-St-Zip: GAINESVILLE, FL 32603

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VP (X) Change () Addition
Name: LICATA, PETER
Address: 3417 W.DAVIE BLVD
City-St-Zip: FT. LAUDERDALE, FL 33312

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

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

SIGNATURE: JOEL MILLS

P

04/13/2007

Electronic Signature of Signing Officer or Director

Date