## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P00000068276

Entity Name: ITALKIDS, INC.

Address:

City-St-Zip:

605 LINCOLN RD 5TH FL

MIAMI BEACH, FL 33139

FILED Apr 08, 2009 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 605 LINCOLN RD 5TH FL MIAMI BEACH, FL 33139 **New Mailing Address: Current Mailing Address:** 605 LINCOLN RD 5TH FL MIAMI BEACH, FL 33139 FEI Number: 65-1027672 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: LAZAR, BRUCE E LAZAR, BRUCE E 605 LINCOLN RD - 5TH FL 605 LINCOLN RD 5TH FL US MIAMI BEACH, FL 33139 US MIAMI BEACH, FL 33139 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: 04/08/2009 Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution ( ). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: ( ) Delete Title: (X) Change ( ) Addition ELORTEGUI, MARTIN ELORTEGUI, MARTIN Name: Name: 605 LINCOLN RD 5TH FL 605 LINCOLN RD - 5TH FL Address: Address: City-St-Zip: MIAMI BEACH, FL 33139 City-St-Zip: MIAMI BEACH, FL 33139 ( ) Delete Title: **VPST** Title: DVST (X) Change ( ) Addition Name: ELORTEGUI, FLAVIA Name: LOWENSTEIN-ELORTEGUI, FLAVIA 605 LINCOLN RD 5TH FL 605 LINCOLN RD - 5TH FL Address: Address: MIAMI BEACH, FL 33139 MIAMI BEACH, FL 33139 City-St-Zip: City-St-Zip: (X) Change ( ) Addition Title: AS ( ) Delete Title: AS MATHIA, JUDITH L MATHIA, JUDITH L Name: Name: 605 LINCOLN RD 5TH FL 605 LINCOLN RD - 5TH FL Address: Address: City-St-Zip: MIAMI BEACH, FL 33139 City-St-Zip: MIAMI BEACH, FL 33139 Title: (X) Delete Title: () Change () Addition ELORTEGUI, FLAVIA Name: Name:

I hereby certify that the information supplied with this filing does not qualify 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.

Address:

City-St-Zip:

SIGNATURE: MARTIN ELORTEGUI P 04/08/2009