

2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P00000108700

Entity Name: ITALIAN TROPHY, CORP.

FILED
Dec 04, 2009
Secretary of State**Current Principal Place of Business:**6901 SW 24 STREET
TONY NAZZARO
MIAMI, FL 33155**New Principal Place of Business:****Current Mailing Address:**6901 SW 24 STREET
TONY NAZZARO
MIAMI, FL 33155**New Mailing Address:**

FEI Number: 65-1076862

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:NAZZARO, TONY
6901 SW 24 ST
MIAMI, FL 33155 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

OFFICERS AND DIRECTORS:Title: PD () Delete
Name: NAZZARO, TONY
Address: 6901 SW 24 ST
City-St-Zip: MIAMI, FL 33155Title: VD () Delete
Name: NAZZARO, TANYA
Address: 6901 SW 24 ST
City-St-Zip: MIAMI, FL 33155Title: D () Delete
Name: NAZZARO, ANTONIO
Address: 6901 SW 24 ST
City-St-Zip: MIAMI, FL 33155Title: SEC () Delete
Name: SALDIVIA, VIOLETA
Address: 6901 SW 24 ST
City-St-Zip: MIAMI, FL 33155Title: CFO (X) Delete
Name: SERINO, JUAN C
Address: 6901 SW 24TH ST
City-St-Zip: MIAMI, FL 33155**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**Title: () Change () Addition
Name:
Address:
City-St-Zip:Title: () Change () Addition
Name:
Address:
City-St-Zip:Title: () Change () Addition
Name:
Address:
City-St-Zip:Title: () Change () Addition
Name:
Address:
City-St-Zip:Title: () Change () Addition
Name:
Address:
City-St-Zip:

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.

SIGNATURE: TONY NAZZARO

PD

12/04/2009

Electronic Signature of Signing Officer or Director

Date