


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2004 08:00 AM
Secretary of State

DOCUMENT # P01000019346 1. Entity Name ITALPRESSE U.S.A., INC.	
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Principal Place of Business 26520 MALLARD WAY PUNTA GORDA, FL 33950	Mailing Address 26520 MALLARD WAY PUNTA GORDA, FL 33950
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DO NOT WRITE IN THIS SPACE



01072004 No Chg-P CR2E034 (10/03)

4. FEI Number 65-1076723	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ORTMAYER, DAVID
 356 MARACA STREET
 PUNTA GORDA, FL 33983

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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: David Ortmayr, COO 4/16/04 DATE

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	COO ORTMAYER, DAVID 356 MARACA STREET PUNTA GORDA, FL 33983
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREA SALA, ALESSANDRO VIA DELLE GROANE, 15 BAGNATICA, BG 24060
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRES SALA, ALBERTO VIA DELLE GROANE, 15 BAGNATICA, BG 24060
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SALA, ALESSANDRO VIA DELLE GROANE, 15 BAGNATICA, BG 24060
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECR SALA, ALBERTO VIA DELLE GROANE, 15 BAGNATICA, BG 24060
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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 04/19/04-80117-006 158.75

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 607, 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: David Ortmayr, COO 04-16-04 941-639-2100

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #