


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 20, 2005 08:00 AM**  
**Secretary of State**

|  |   |
|--|---|
| DOCUMENT # P01000019346<br>1. Entity Name<br>ITALPRESSE U.S.A., INC. |  |
|--|---|

|   |   |
|---|---|
| Principal Place of Business<br>26520 MALLARD WAY<br>PUNTA GORDA, FL 33950 | Mailing Address<br>26520 MALLARD WAY<br>PUNTA GORDA, FL 33950 |
|---|---|



03162005 No Chg-P CR2E034 (10/03)

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

|  |                                       |
|--|---------------------------------------|
| 6. Name and Address of Current Registered Agent<br><br>ORTMAYER, DAVID<br>356 MARACA STREET<br>PUNTA GORDA, FL 33983 | <b>DO NOT WRITE<br/>IN THIS SPACE</b> |
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

|   |   |
|---|---|
| <b>FILE NOW!!! FEE IS \$150.00<br/>After May 1, 2005 Fee will be \$550.00</b> | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees |
|---|---|

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

U00000318887  
04/20/05-80077-005 150.00

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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: Alberto Sala ALBERTO SALA April 8<sup>th</sup> 2005 941-639-2100  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #