

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 29, 2005 8:00 am
Secretary of State

04-29-2005 90271 008 ***158.75

DOCUMENT # P01000037861

1. Entity Name
ITALIAN PAVILION INC. U.S.A.



Principal Place of Business
4141 N.E. SECOND AVENUE
MIAMI, FL 33137

Mailing Address
4141 N.E. SECOND AVENUE
MIAMI, FL 33137

14010000



03102005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-1092021	Applied For Not Applicable
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5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

BIZZOTTO, FIDENZIO
4141 N.E. SECOND AVENUE
MIAMI, FL 33137

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IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	BIZZOTTO, FIDENZIO
STREET ADDRESS	4141 N.E. SECOND AVENUE
CITY ST-ZIP	MIAMI, FL 33137

TITLE	STD
NAME	BIZZOTTO, GRAZIA
STREET ADDRESS	4141 N.E. SECOND AVENUE
CITY ST-ZIP	MIAMI, FL 33137

TITLE	D
NAME	BIZZOTTO, CHRISTIAN
STREET ADDRESS	4141 N.E. SECOND AVENUE
CITY ST-ZIP	MIAMI, FL 33137

TITLE	VICE PRESIDENT
NAME	LUCA BIZZOTTO
STREET ADDRESS	4141 N.E. SECOND AVENUE
CITY ST-ZIP	MIAMI, FL 33137

TITLE	
NAME	
STREET ADDRESS	
CITY ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #