


**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 01, 2003 8:00 am
Secretary of State

05-01-2003 90256 019 ***150.00

DOCUMENT # PO1000077596 1. Entity Name ITALIAN SOLE, INC.	
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DO NOT WRITE IN THIS SPACE

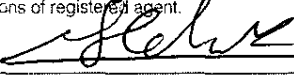
2. Principal Place of Business 1515 E FLETCHER AVENUE		3. Mailing Address FLETCHER REGENCY DR.	
Suite, Apt. #, etc. UNIT E		Suite, Apt. #, etc. #13631	
City & State TAMPA, FL		City & State TAMPA, FL	
Zip 33612	Country USA	Zip 33613	Country USA

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3732492		Applied For <input type="checkbox"/>
		Not Applicable <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE	7. Name and Address of Current Registered Agent	
	Name HALIT KARAKUT	
	Street Address (P.O. Box Number is Not Acceptable) 14802 N FLORIDA AVE BLDG H #117	
	City TAMPA	FL Zip Code 33613

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:  **OWNER** **Halit KARAKUT** **04/28/03**

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

January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT NAIM CAKAR #13631 FLETCHER REGENCY DR TAMPA FL 33613	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE PRESIDENT HALIT KARAKUT 14802 N FLORIDA AVE BLDG H #117 TAMPA FL 33613	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE
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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 on an attachment with an address, with all other like empowered.

SIGNATURE:  **Halit KARAKUT** **04/28/03** **813-977-0187**

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

CR2E034B (12/02)