2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 26, 2005 8:00 am
Secretary of State
05-02-2005 90442 001 ***150.00

DOCUMENT # P01000088744

1. Entity Name

ITALIA ELEGANTE, INC.

Principal Place of Business	Mailing Address
3471 N. FEDERAL HWY., STE. 411 FORT LAUDERDALE FL 33306	3471 N. FEDERAL HWY., STE. 411 FORT LAUDERDALE FL 33306

1st MOORE CR2E034 (10/04)

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 65-1136200 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
DISARNO, CARMINE 3471 N. FEDERAL HWY., STE. 411 FORT LAUDERDALE FL 33306	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

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 _____ 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, 2005 Fee Will Be $550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D DISARNO, CARMINE 941 NE 19TH AVE. #307 FORT LAUDERDALE FL 33304	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D DISARNO, CARMINE 12911 W. BROWARD BLVD PLANTATION, FL 33324	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ABOLAFIA, DINA 941 NE 19TH AVE. #307 FORT LAUDERDALE FL 33304	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ABOLAFIA, DINA 12911 W. BROWARD BLVD PLANTATION, FL 33324	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D HUSTO, ANTHONY C 6920 E. CYPRESS HEAD DRIVE PARKLAND FL 33067	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MUSTO, ANTHONY 6920 E. CYPRESS HEAD DRIVE PARKLAND, FL 33067	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

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: _____ 05/23/05 954-568-1000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #