

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000000659

FILED
Mar 03, 2004
Secretary of State

Entity Name: ITALY SHOE LAB, INC.

Current Principal Place of Business:

16621 HWY 301 S
#107
WIMAUMA, FL 33598

New Principal Place of Business:

Current Mailing Address:

620 FLAMINGO DR.
APOLLO BEACH, FL 33572

New Mailing Address:

9639 PALM RIVER ROAD
TAMPA, FL 33619

FEI Number: 01-0566693

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MIZIO, ARMANDO F
25400 U.S. 19 NORTH, STE. 210
CLEARWATER, FL 33763 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PTD () Delete
Name: CORNIELLO, CAROL M
Address: 620 FLAMINGO DR.
City-St-Zip: APOLLO BEACH, FL 33572

Title: VSD () Delete
Name: CORNIELLO, JEFFREY J
Address: 620 FLAMINGO DR.
City-St-Zip: APOLLO BEACH, FL 33572

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CAROL M. CORNIELLO

PTD

03/03/2004

Electronic Signature of Signing Officer or Director

_____ Date