

2004 FOR PROFIT CORPORATION ANNUAL REPORT

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May 03, 2004 8:00 am
Secretary of State

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01302004 No Chg-P CR2E034 (10/03)

DOCUMENT # P02000024098
 1. Entity Name
ITALREST MANAGEMENT CONSULTANTS GROUP, INC.



Principal Place of Business Mailing Address
 4351 N. FEDERAL HWY. 4351 N. FEDERAL HWY.
 BOCA RATON, FL 33431 BOCA RATON, FL 33431

DO NOT WRITE IN THIS SPACE

4. FEI Number Applied For
 02-0566728 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 SELLITTO, SALVATORE
 4351 N. FEDERAL HWY.
 BOCA RATON, FL 33431

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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 _____ 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, 2004 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	SELLITTO, SALVATORE
STREET ADDRESS	4351 N. FEDERAL HWY.
CITY-ST-ZIP	BOCA RATON, FL 33431
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

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: Date: 4/27/04 Daytime Phone # _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR