

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90769 001 ***150.00
 05-02-2005 90769 002 *****8.50



DOCUMENT # P02000049035

1. Entity Name
CINZIA CORPORATION

Principal Place of Business
**1943 PEMBROK ROAD
 HALLANDALE, FL 33020**

Mailing Address
**1943 PEMBROK ROAD
 HALLANDALE, FL 33020**

2. Principal Place of Business
3920 SW 40 ST
 Suite, Apt. #, etc.
HALLANDALE PARK RD

3. Mailing Address
3920 SW 40 ST
 Suite, Apt. #, etc.
HALLANDALE PARK RD

City & State
FLORIDA

City & State
FLORIDA

Zip Country
33023 MIAMI

Zip Country
33023 MIAMI

03302005 Chg-P CR2E034 (10/03)

4. FEI Number
03-0445536

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

TUMMOLILLO, GIUCIA GIULIA
900 NE 12 AVE #202
HALLANDALE, FL 33009

7. Name and Address of New Registered Agent

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

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	PD TUMMOLILLO, GIULIA 900 NE 12 AVE #202 HALLANDALE, FL 33009 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD PORCEDDU, GIANNI GIACOMO UTA GIMOCCHIO M-7 RAMIRO, MOUI LIGURE ALESSAMDRIA, ITALIA, <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: GIULIA TUMMOLILLO 4-25-05 954-9646999
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #