

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)


FILED

Apr 28, 2006 08:00 AM
Secretary of State



1st MOORE

CR2E034 (10/05)

DOCUMENT # P02000107278					
1. Entity Name ITALIAN GROUP, INC.					
Principal Place of Business 3909 N.E. 163RD STREET NORTH MIAMI BEACH FL 33160			Mailing Address 3909 N.E. 163RD STREET NORTH MIAMI BEACH FL 33160		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FCI Number 59-2599788	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent GRIMSLEY, CHARLES J 3909 N.E. 163RD STREET NORTH MIAMI BEACH FL 33160				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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee Will Be \$550.00 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	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	GIANCATERINI, MARCELLO		NAME		
STREET ADDRESS	18090 COLLINS AVENUE		STREET ADDRESS		
CITY-ST-ZIP	SUNNY ISLES BEACH FL 33160		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	GIANCATERINI, MARY		NAME		
STREET ADDRESS	18090 COLLINS AVENUE		STREET ADDRESS		
CITY-ST-ZIP	SUNNY ISLES BEACH FL 33160		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	PARILLO, RICHARD P JR.		NAME		
STREET ADDRESS	3909 NE 163RD ST.		STREET ADDRESS		
CITY-ST-ZIP	NORTH MIAMI BEACH FL 33160		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	PARRILLO, BEAU W		NAME		
STREET ADDRESS	3909 NE 163RD ST.		STREET ADDRESS		
CITY-ST-ZIP	NORTH MIAMI BEACH FL 33160		CITY-ST-ZIP		
TITLE	SD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	GRIMSLEY, CHARLES J		NAME		
STREET ADDRESS	3909 N.E. 163RD ST.		STREET ADDRESS		
CITY-ST-ZIP	NORTH MIAMI BEACH FL 33160		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

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05/11/06-80053-016 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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: *Charles J. Grimsley* **CHARLES J. GRIMSLEY** 4/3/06 (305) 947-4050
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #