

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**

**Jul 14, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # P02000130220**

1. Entity Name  
**ITALIAN CONSTRUCTION, INC.**

Principal Place of Business

**809 NE 140 ST  
N MIAMI BCH, FL 33161**

Mailing Address

**809 NE 140 ST  
N MIAMI BCH, FL 33161**

**DO NOT WRITE IN THIS SPACE**



07032004 No Chg-P CR2E034 (10/03)

4. FEI Number  
**NOT APPLICABLE**

Applied For  
**Not Applicable**

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

6. Name and Address of Current Registered Agent

**GIAMMARINO, ATTILIO  
809 NE 140 ST  
N MIAMI BCH, FL 33161**

**DO NOT WRITE  
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
Due by September 8, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

In accordance with s. 607.193(2)(b), F.S., the  
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**DP  
GIAMMARINO, ATTILIO  
809 NE 140 ST  
N MIAMI BCH, FL 33161**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**DV  
BERMUDEZ, SANDRA  
809 NE 140 ST  
N MIAMI BCH, FL 33161**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**DTS  
SILVERA, GONZALO  
809 NE 140 ST  
N MIAMI BCH, FL 33161**

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**

UN00000166219  
07/14/04-80008-006 158.75

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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

REGISTRATION FEE #