2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2005 8:00 am
Secretary of State

05-04-2005 90133 014 ***150.00

DOCUMENT # P02000131754

1. Entity Name
ITALMIVEN TRADUCTORES & ASOCIADOS CORP.

Principal Place of Business	Mailing Address
~~19370 COLLINS AVENUE~~	~~19370 COLLINS AVENUE~~
~~301 C~~	~~301 C~~
~~SUNNY ISLES BEACH, FL 33160~~	~~SUNNY ISLES BEACH, FL 33160~~

04182005 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
18855 NE 29 AV	PO BOX 802004
Suite, Apt. #, etc. SUITE 700	Suite, Apt. #, etc. —
City & State AVENTURA FL	City & State AVENTURA FLORIDA
Zip 33180 / Country USA	Zip 33280 / Country USA

4. FEI Number 01-0763453 — Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
GIARDINA, ALBERTO 19390 COLLINS AVE #118 SUNNY ISLES BEACH, FL 33160	Name MARISOL A. MARTINEZ Street Address (P.O. Box Number is Not Acceptable) 1770 SW 118 AV City MIRAMAR FL Zip Code 33025

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 P ALBERTO GIARDINA — Signature, typed or printed name of registered agent and title if applicable — (NOTE: Registered Agent signature required when resigning) — APRIL 28 2005 DATE

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	P ☒ Delete	TITLE	P ☒ Change ☐ Addition
NAME	GIARDINA, ALBERTO	NAME	MARISOL A. MARTINEZ
STREET ADDRESS	19370 COLLINS AVENUE STE 301	STREET ADDRESS	1770 SW 118 AV
CITY-ST-ZIP	SUNNY ISLES BEACH, FL 33160	CITY-ST-ZIP	MIRAMAR FL 33025
TITLE	V ☒ Delete	TITLE	V ☒ Change ☐ Addition
NAME	MIOTTI, ALDO	NAME	JOAO GABRIEL LOBATO
STREET ADDRESS	19370 COLLINS AVENUE STE 301	STREET ADDRESS	1770 SW 118 AV
CITY-ST-ZIP	SUNNY ISLES BEACH, FL 33160	CITY-ST-ZIP	MIRAMAR FL 33025
TITLE	S ☒ Delete	TITLE	S ☐ Change ☐ Addition
NAME	ALVAREZ, MARIANELLA	NAME	ALVAREZ MARIANELLA
STREET ADDRESS	19370 COLLINS AVENUE STE 301	STREET ADDRESS	20400 N COUNTRY CLUB DR. 501104
CITY-ST-ZIP	SUNNY ISLES BEACH, FL 33160	CITY-ST-ZIP	AVENTURA - FL 33180
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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 04/18/2005 — Daytime Phone #