
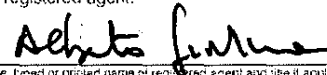



FILED
Sep 04, 2003 8:00 am
Secretary of State

09-04-2003 90061 049 ***550.00

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P02000131754 <small>1. Entity Name</small>			
ITALMIVEN TRADUCTORES & ASOCIADOS CORP.			
DO NOT WRITE IN THIS SPACE			
2. Principal Place of Business 16300 NE 19TH AVE <small>Suite, Apt. #, etc.</small> 229 <small>City & State</small> NORTH MIAMI BEACH FL		3. Mailing Address <small>Suite, Apt. #, etc.</small> <small>City & State</small> <small>Zip</small> 33162 <small>Country</small> USA	
		4. FEI Number 01-0763453 <small>Applied For</small> <input type="checkbox"/> Not Applicable	
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
DO NOT WRITE IN THIS SPACE		7. Name and Address of Current Registered Agent <small>Name</small> ALBERTO GIARDINA <small>Street Address (P.O. Box Number is Not Acceptable)</small> 19390 COLLINS AVENUE # 118 <small>City</small> SUNNY ISLES BEACH FL <small>Zip Code</small> 33160	
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. <small>SIGNATURE</small>  ALBERTO GIARDINA 08-26-2003 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)</small> <small>DATE</small>			
January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Florida Department of State		9. Election Campaign Financing <small>Trust Fund Contribution.</small> <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			
<small>TITLE</small> PTE <small>NAME</small> GIARDINA ALBERTO, 19390 COLLINS AVE. 3 <small>STREET ADDRESS</small> 118, SUNNY ISLES BEACH FL 33160 <small>CITY-ST-ZIP</small>	<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY-ST-ZIP</small>	DO NOT WRITE IN THIS SPACE	
<small>TITLE</small> VP <small>NAME</small> LOBATO ADRIANA, 16300 NE 19TH AVE. <small>STREET ADDRESS</small> STE. 229, NORTH MIAMI BEACH FL 33162 <small>CITY-ST-ZIP</small>	<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY-ST-ZIP</small>		
<small>TITLE</small> SECRETARY <small>NAME</small> MARIANELLA ALVAREZ, 19390 COLLINS <small>STREET ADDRESS</small> AVE # 118, SUNNY ISLES FL 33160 <small>CITY-ST-ZIP</small>	<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY-ST-ZIP</small>		
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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 on an attachment with an address, with all other like empowered.			
SIGNATURE:  ALBERTO GIARDINA <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		08-26-2003 <small>Date</small>	305-300-7005 <small>Daytime Phone #</small>

CR2E034B (12/02)