

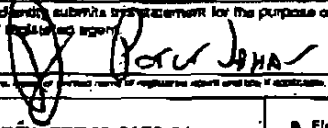
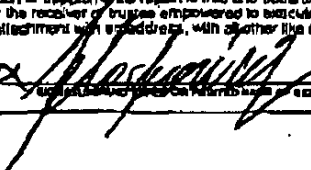
05/20/2004 14:44 FAX

CAPORICCI

FILED
May 24, 2004 8:00 am
Secretary of State

04-12-2004 90237 033 ***150.00

**2004 FOR PROFIT CORPORATION
 ANNUAL REPORT**

DOCUMENT # P03000006455			
1. Entity Name GML FASHION DESIGN OF ITALY, INC.			
Principal Place of Business 1840 W. 49TH ST., SUITE #220-1 HALEAH, FL 33012		Mailing Address 1840 W. 49TH ST., SUITE #220-1 HALEAH, FL 33012	
2. Principal Place of Business 9401 NW 106 ST Suite, Apt. #, etc. #108		3. Mailing Address 9401 NW 106 ST Suite, Apt. #, etc. #108	
City & State MIAMI, FL		City & State MIAMI, FL	
Zip 33137		Country USA	
4. FEI Number 01-0763138		Applied For Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent RAUL RICARDO, C.P.A., P.A. 1840 W. 49TH ST., SUITE #220-1 HALEAH, FL 33012		7. Name and Address of Prior Registered Agent Name PETER JONAS, CPA Street Address (P.O. Box Number is Not Acceptable) 8370 W. Flagler St., Suite 125 City Miami FL 33176	
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  4/22/04			
FILE NOW!! FEE IS \$150.00 After May 1, 2004 Fee will be \$660.00		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	☐ Delete CAPORICCI, PAOLO P 9401 NW 106TH ST., SUITE 108 MIAMI, FL 33178	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 a address, with another like empowered.			
SIGNATURE: 		05/10/04 9305884 P99	