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.

66423600

Principal Place of Business	Mailing Address
1840 W. 49TH ST., SUITE #220-1 HIALEAH, FL 33012	1840 W. 49TH ST., SUITE #220-1 HIALEAH, FL 33012

03302004 Chg-P CR2E034 (10/03)

2. Principal Place of Business		3. Mailing Address	
9401 NW 106 ST		9401 NW 106 ST	
Suite, Apt. #, etc. #108		Suite, apt. #, etc. #108	
City & State MIAMI, FL		City & State MIAMI, FL	
Zip 33137	Country USA	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
HIALEAH, FL 33012

7. Name and Address of New Registered Agent
Name PETER JONAS, CPA
Street Address (P.O. Box Number is Not Acceptable) 8370 W. Flagler St. Suite 125
City Miami FL Zip Code 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 [signature] 4/25/04 DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2004 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	D	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	CAPORICCI, PAOLO P		NAME	
STREET ADDRESS	9401 N.W. 106TH ST., SUITE 108		STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 33178		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	
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] 2004/02/04 9305884590
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #