

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

4/2

**FILED**  
**Sep 17, 2004 8:00 am**  
**Secretary of State**

04-21-2004 90058 043 \*\*\*150.00

**DOCUMENT # P03000015285**

1. Entity Name

ITALY TODAY, INC.



Principal Place of Business

6743-47 MAIN STREET  
MIAMI LAKES FL 33014

Mailing Address

6743-47 MAIN STREET  
MIAMI LAKES FL 33014

**66433806**



MOORE

CR2E034 (4/04)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

593768091

Applied For  
Not Applicable

5. Certificate of Status Desired

☐ \$8:75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

MAS, CARLOS ESQ  
2601 SOUTH BAYSHORE DRIVE SUITE 1600  
MIAMI FL 33133

7. Name and Address of New Registered Agent

Name Jeannette Cardenas

Street Address (P.O. Box Number is Not Acceptable)

6743-47 Main Street

City Miami Lakes

FL

Zip Code

33014

B. 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

Jeannette Cardenas Jeannette Cardenas Pres. 7/27/04

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$550.00**

**DUE BY September 8, 2004**

**Make Check Payable to Florida Department of State**

S 607.193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is \$150.00. ☐

B. Election Campaign Financing **\$5.00** May Be  
Trust Fund Contribution. ☐ Added to Fees

10. OFFICERS AND DIRECTORS

TITLE ☐ Delete  
NAME CARDENAS, JEANNETTE  
STREET ADDRESS 15406 NW 77 COURT  
CITY-ST-ZIP MIAMI FL 33016

TITLE ☐ Delete  
NAME CARDENAS, MARTIN  
STREET ADDRESS 15406 NW 77 COURT  
CITY-ST-ZIP MIAMI FL 33016

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 6743-47 Main Street  
CITY-ST-ZIP Miami Lakes FL 33014

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 6743-47 Main Street  
CITY-ST-ZIP Miami Lakes FL 33014

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
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:

Jeannette Cardenas  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/27/04 305-986-4694

Date

Daytime Phone #