## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

STREET ADDRESS

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DAL ITALIA, INC.

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## FILED Mar 15, 2004 8:00 am Secretary of State

03-15-2004 90001 037 \*\*\*150.00

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7420 49 STREET NORTH 7		74	Mailing Address 7420 49 STREET NORTH					5401	7814
PINELLAS PA	ARK, FL 33781	PI	NELLAS PARK, FL 33	3781		1 FECTOTALE 111	A RHAN THUK NUTER WHILL WALL	13(2) 1111   1442	
2. Principal Place of Business 3.		3. N	3. Mailing Address						
Suite, Apt. #, etc.			Suite, Apt. #, etc.			01162004	Chg-P	CR2E034 (10/	<b>(03)</b>
City & State			City & State			4. FEI Numbe	52821		Applied For Not Applicable
Zip	Country		Zip Count		itry		5. Certificate of Status Desired S8.75 Additional Fee Required		
	6. Name and Address of Curren	nt Regist	istered Agent			7. Name and Address of New Registered Agent			
					Name				
DI SCHIANO, ANTONIO S 5777 OAKHURST DRIVE SEMINOLE, FL 33772			Street Address		s (P.O. Box Numbo	er is Not Acceptable	······································	***************************************	
SEMINOLI	E, FL 33//2								·
			City			FL Zip Code			
<ol> <li>The above the obligat</li> </ol>	named entity submits this statement tions of registered agent.	for the p	urpose of changing its	register	ed office or regis	itered agent, or bot	h, in the State of Flo	rida. I am familiar	with, and accept
CICNATURE.		•							
SIGNATURE:	Signature, typed or printed name of registered age	ant and title if	applicable. (NOTE	: Fiegistere	d Agent aignature requ	ired when reinstating)		DATE	
FIL After M	E NOW!!! FEE IS \$150.00 ay 1, 2004 Fee will be \$550	0.00	9. Election Campai Trust Fund Conti			55.00 May Be dded to Fees			
10. OFFICERS AND DIRECTORS			TORS	S 11.			CHANGES TO OFF	ICERS AND DIREC	TORS IN 11
TITLE	PD		☐ Delete	TITL	E			☐ Chi	enge 🔲 Addition
NAME	DI SCHIANO, ANTONIO S			NAM	ŧε				
STREET ADDRESS	5777 OAKHURST DR			8	ELET ADDRESS				
CITY-ST-ZIF	SEMINOLE, FL 337727044			CITY	-ST-ZIP				
TITLE	D D		Delete	TITL	- 1			Cha	inge 🗌 Addition
NAME	DI SCIOARRO, MARIA L			NAM	Į.				
STREET ACCRESS ONY-ST-ZIP	5777 OAKHURST DR SEMINOLE, FL 337727044			8	EET ACORESS /+ ST-ZIP				
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JITLE Name	-V*F		Dolelo	- NAN	E	144.90.0º	2-1-0-C-3	ANNOTHER	inga (ECPADUILION )
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CITY-ST-7IP				2	-ST-7IP	< =		2771 - 1	ACF

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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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Prions #