


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Sep 30, 2004 8:00 am**  
**Secretary of State**

09-30-2004 90012 046 \*\*\*150.00

<b>DOCUMENT # P03000079301</b> 1. Entity Name <b>ITALGIAN CORPORATION</b>					
Principal Place of Business <b>15970 W STATE ROAD 84 SUITE 260 SUNRISE, FL 33326</b>			Mailing Address <b>15970 W STATE ROAD 84 SUITE 260 SUNRISE, FL 33326</b>		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		4. FEI Number <b>87-0703318</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent <b>LATIN NETWORK CONSULTANTS INC 1820 N CORPORATE LAKES BLVD 231 SUNRISE, FL 33326</b>				7. Name and Address of New Registered Agent Name <b>DI-PLACIDO GIANCARLO</b> Street Address (P.O. Box Number is Not Acceptable) <b>15970 W STATE ROAD 84 STE 260</b> City <b>SUNRISE</b> FL Zip Code <b>33326</b>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P NICASTRI, PIETRO 15970 W STATE ROAD 84, SUITE 231 SUNRISE, FL 33326</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P DI-PLACIDO GIANCARLO 15970 W STATE ROAD 84 STE 260 SUNRISE FL 33326</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: <i>Giancarlo Diplacido</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date <b>9/28/04</b> <small>Daytime Phone #</small>		