


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 07, 2004 8:00 am
Secretary of State

05-07-2004 90132 028 ***150.00

DOCUMENT # P03000100410	
1. Entity Name ITALIAN HOLDINGS, CORPORATION	

Principal Place of Business 7001 SW 87 COURT MIAMI, FL 33173	Mailing Address 7001 SW 87 COURT MIAMI, FL 33173
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54053373

2. Principal Place of Business <i>6901 SW 24 ST</i>	3. Mailing Address <i>6901 SW 24 ST</i>
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State <i>MIAMI, FL</i>	City & State <i>MIAMI, FL</i>
Zip <i>33155</i>	Country <i>U.S.</i>

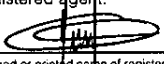


05032004 Chg-P CR2E034 (10/03)

4. FEI Number <i>20-0235167</i>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent PEREZ-SIAM, FRANK 7001 SW 87 COURT MIAMI, FL 33173	7. Name and Address of New Registered Agent Name <i>NAZZARO, TONY</i> Street Address (P.O. Box Number is Not Acceptable) <i>6901 SW 24 ST</i> City <i>MIAMI</i> FL Zip Code <i>33155</i>
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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  DATE *5-5-04*

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$550.00 Due by September 8, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD SERINO, ANTONIO 7001 SW 87 COURT MIAMI, FL 33173 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <i>6901 SW 24 ST MIAMI, FL 33155</i>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD NAZZARO, ANTONIO 7001 SW 87 COURT MIAMI, FL 33173 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <i>6901 SW 24 ST MIAMI, FL 33155</i>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:  *PRESIDENT* DATE *5-5-04* (305) 265-9990

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR