2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 03, 2009
Secretary of State

DOCUMENT# P04000083779

Entity Name: ITALVEN TRADING INC.

Current Principal Place of Business:

14937 SW 8 TERR.
MIAMI, FL 33194

New Principal Place of Business:

Current Mailing Address:

14937 SW 8 TERR.
MIAMI, FL 33194

New Mailing Address:

FEI Number: 20-1225487 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CONSULTING SERVICES OF SOUTH FLORIDA
2121 PONCE DE LEON BLVD
1050
CORAL GABLES, FL 33134 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: VD ( ) Delete
Name: CRISTIANI, CRISTIANO
Address: 14937 SW 8 TERR.
City-St-Zip: MIAMI, FL 33194

Title: PD ( ) Delete
Name: CRISTIANI, ITALO
Address: 14937 SW 8 TERR.
City-St-Zip: MIAMI, FL 33194

Title: SD ( ) Delete
Name: CRISTIANI, GIUSEPPA
Address: 14937 SW 8 TERR.
City-St-Zip: MIAMI, FL 33194

Title: D ( ) Delete
Name: CRISTIANI, MASSIMILIANO
Address: 14937 SW 8 TERR.
City-St-Zip: MIAMI, FL 33194

Title: D ( ) Delete
Name: ABATE, SARA
Address: 14937 SW 8 TERR.
City-St-Zip: MIAMI, FL 33194

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change ( ) Addition
Name: ABATE, SARAH
Address: 14937 SW 8 TERR.
City-St-Zip: MIAMI, FL 33194

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SARAH ABATE D 03/03/2009

Electronic Signature of Signing Officer or Director — Date