2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2005 8:00 am
Secretary of State
04-25-2005 90220 044 ***150.00

DOCUMENT # P04000107649

1. Entity Name
ITALITRADING USA INC.

Principal Place of Business	Mailing Address
1926 HONOUR RD 2 ORLANDO, FL 32839 US	1926 HONOUR RD 2 ORLANDO, FL 32839 US

600431U6

04172005 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
5726 Kingsgate DR	5726 Kingsgate Dr
Suite, Apt. #, etc.: Apt A	Suite, Apt. #, etc.: Apt A
City & State: Orlando, Fl	City & State: ORLANDO, FL
Zip: 32839 Country: USA	Zip: 32839 Country: USA

4. FEI Number: 20-1063122 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

DIAZ, JOSE
1926 HONOUR RD
2
ORLANDO, FL 32839

7. Name and Address of New Registered Agent

Name: GRACE HERNANDEZ
Street Address (P.O. Box Number is Not Acceptable): 14820 White MAGNOLIA Ct
City: ORLANDO FL Zip Code: 32824

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: Grace Hernandez — 4/15/05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GOBBETTI, AFREDO 1926 HONOUR RD #2 ORLANDO, FL 32839	☐ Delete	P Gobbetti, Alfredo 5726 Kingsgate Dr Apt A ORLANDO, Fl 32829	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP DIMILTA, BEN 1926 HONOUR RD #2 ORLANDO, FL 32839	☐ Delete	VP Dimilta, BEN 8524 Boysenberry LANE EAST JACKSONVILLE, FL 32244	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete		☐ Change ☐ 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: [signature] — 4/15/05 — (904)858-3628
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #