2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000154325

Address: City-St-Zip:

Title:

Name:

Address:

City-St-Zip:

MIAMI, FL 33178 US

CHALELA, ANTONIO

MIAMI, FL 33178 US

11352 NW 73RD TERRACE

() Delete

TRE

FILED May 31, 2005 Secretary of State

Entity Nan	ne: ITALIA	AN KITCHEN & BA	TH PLUS, INC					
Current Principal Place of Business:				New Princ	New Principal Place of Business:			
2315 NW 1 BUILDING DORAL, FL	1M14	US						
Current Mailing Address:				New Maili	New Mailing Address:			
2315 NW 1 BUILDING DORAL, FL	1M14	US						
FEI Number:	20-1875994	FEI Number Ap	oplied For() FEI	Number Not Appl	icable ()	Certificate of Status De	esired ()	
Name and Address of Current Registered Agent:				Name and	Name and Address of New Registered Agent:			
PB&A FINA 13935 NW MIAMI, FL	1ST AVE	RVICES CORP US						
The above in the State			tement for the purpo	se of changing it	ts registere	d office or registered age	ent, or both,	
SIGNATUR	RE:							
	Elec	tronic Signature of	Registered Agent			Date	_	
		7.193(2)(b), F.S., the oncing Trust Fund Con	corporation did not rece	ive the prior notic	е.			
OFFICERS		_		ADDITION	S/CHANG	ES TO OFFICERS AND	DIRECTORS	
Title: Name: Address: City-St-Zip:	P FOSCHINI, 11352 NW MIAMI, FL	73RD TERRACE		Title: Name: Address: City-St-Zip:	P FOSCHINI, 1593 E. LA WESTON, I			
Title: Name: Address: City-St-Zip:	VP CHALELA, 11352 NW MIAMI, FL	73RD TERRACE		Title: Name: Address: City-St-Zip:	1593 E. LA	(X) Change () Addition GIAN CARLO KE WAY FL 33326 US		
Title: Name: Address:	SEC FOSCHINI, 11352 NW	() Delete SERGIO 73RD TERRACE		Title: Name: Address:	SEC FOSCHINI, 1593 E. LA	(X) Change ()Addition GIAN CARLO KE WAY		

I hereby certify that the information supplied with this filing does not qualify for the 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 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.

City-St-Zip:

Title:

Name:

Address:

City-St-Zip:

WESTON, FL 33326 US

WESTON, FL 33326 US

FOSCHINI, SERGIO

1593 E. LAKE WAY

(X) Change () Addition

TRE

SIGNATURE: SERGIO FOSCHINI Ρ 05/31/2005