

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000156460

FILED  
Apr 07, 2009  
Secretary of State

Entity Name: ITAL WORLD DESIGN, INC DI ROSA M. LABARILE

## Current Principal Place of Business:

5820 S.W. 48 STREET  
MIAMI, FL 33155 US

## New Principal Place of Business:

10613 HAMMOCKS BLVD. # 221  
MIAMI, FL 33196 US

## Current Mailing Address:

5820 S.W. 48 STREET  
MIAMI, FL 33155 US

## New Mailing Address:

10613 HAMMOCKS BLVD. # 221  
MIAMI, FL 33196 US

FEI Number: 20-1933686

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

CALDERON, ANGELA  
5820 S.W. 48 STREET  
MIAMI, FL 33155 US

## Name and Address of New Registered Agent:

LABARILE, ROSA M  
10613 HAMMOCKS BLVD. # 221  
MIAMI, FL 33196 US

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: LABARILE ROSA MARIA

04/07/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: LABARILE, ROSA M  
Address: 5820 S.W. 48 STREET  
City-St-Zip: MIAMI, FL 33155

Title: S (X) Delete  
Name: CRUZ, JUAN M  
Address: 5820 SW 48 ST  
City-St-Zip: MIAMI, FL 33155

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: LABARILE, ROSA M  
Address: 10613 HAMMOCKS BLVD. # 221  
City-St-Zip: MIAMI, FL 33196

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

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: LABARILE ROSA MARIA

P

04/07/2009

Electronic Signature of Signing Officer or Director

Date