

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000011764

Entity Name: ITALPROMOTIONS, INC.

FILED  
Mar 20, 2009  
Secretary of State

**Current Principal Place of Business:**

1111 KANE CONCOURSE STE 418  
BAY HARBOR, FL 33154

**New Principal Place of Business:**

**Current Mailing Address:**

1111 KANE CONCOURSE STE 418  
BAY HARBOR, FL 33154

**New Mailing Address:**

FEI Number: 20-2232202

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

GLASER, ALLAN M  
11900 BISCAYNE BLVD STE 807  
MIAMI, FL 33181 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: DS ( ) Delete  
Name: PIZZORNI, WILLIAM M  
Address: 1111 KANE CONCOURSE STE 418  
City-St-Zip: BAY HARBOR, FL 33154

Title: P ( ) Delete  
Name: DORADO, CARLOS  
Address: 1111 KANE CONCOURSE STE 418  
City-St-Zip: BAY HARBOR, FL 33154

Title: V ( ) Delete  
Name: PIZZORNI, GABRIELLA  
Address: 1111 KANE CONCOURSE STE 418  
City-St-Zip: BAY HARBOR, FL 33154

Title: S ( ) Delete  
Name: PAEZ, MILAGROS  
Address: 1111 KANE CONCOURSE STE 418  
City-St-Zip: BAY HARBOR, FL 33154

**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:

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: GABRIELLA PIZZORNI

V

03/20/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date