2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000015951

City-St-Zip:

HIALEAH, FL 33012 US

FILED Feb 24, 2006 Secretary of State

Entity Name: FILITALIA, INC.					
Current Principal Place of Business:			New Principal Place of Business:		
6505 BLUE MIAMI, FL	ELAGOON DR 33126 US	., STE. 130			
Current Mailing Address:			New Mailing Address:		
6505 BLUE MIAMI, FL	LAGOON DR 33126 US	., STE. 130			
FEI Number:	51-0534665	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:			Name and Address of New Registered Agent:		
ALBORNOZ, SILVINA L 1793 W 37TH STREET SUITE 8 HIALEAH, FL 33012 US			ALBORNOZ, SILVINA L 6505 BLUE LAGOON DR. STE.130 MIAMI, FL 33126 US		
The above in the State	named entity s of Florida.	submits this statement for the p	urpose of changing its registe	ered office or registered agent, or both,	
SIGNATURE: SILVINA ALBORNOZ				02/24/2006	
	Electron	ic Signature of Registered Age	nt	Date	
Election Carr	npaign Financing	g Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	D () ALBORNOZ, SI 1793 W 37TH S HIALEAH, FL 3	STREET #8	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	D () KHATCHATOUR 1793 W 37TH S HIALEAH, FL 3	STREET #8	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	D () AURIKIO, CLAU 1793 W 37TH S HIALEAH, FL 3	STREET #8	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address:	D (X) KASSAL, LARR 1793 W 37TH S		Title: Name: Address:	() Change () Addition	

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

City-St-Zip:

SIGNATURE: SILVINA ALBORNOZ 02/24/2006 D