


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Sep 15, 2006 8:00 am**  
**Secretary of State**

09-15-2006 90004 011 \*\*\*558.75

<b>DOCUMENT # P05000074450</b>	
1. Entity Name <b>THE ITALIAN MARKET, INC.</b>	

Principal Place of Business <b>P.O. BOX 330866 ATLANTIC BEACH, FL 32233</b>	Mailing Address <b>P.O. BOX 330866 ATLANTIC BEACH, FL 32233</b>
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2. Principal Place of Business <b>P.O. Box 330 868</b>	3. Mailing Address <b>330 868</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <b>ATLANTIC BEACH</b>	City & State <b>ATLANTIC BEACH</b>
Zip <b>32233</b>	Zip <b>32233</b>
Country <b>FL</b>	Country <b>FL</b>

6. Name and Address of Current Registered Agent <b>BRVENIK, ANDRE N 6015 CHESTER CIRCLE SUITE 105 JACKSONVILLE, FL 32217</b>	
7. Name and Address of New Registered Agent Name <b>BRVENIK ANDRE N</b> Street Address (P.O. Box Number is Not Acceptable) <b>8019 NORTH HIMES AVENUE, SUITE 202</b> City <b>TAMPA</b> Zip Code <b>FL 33614</b>	

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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

EX 1174

**FILE NOW!!! FEE IS \$550.00  
Due by September 15, 2006**

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 BATTAGLIA, CLAUDIO 462 AQUATIC DRIVE ATLANTIC BEACH, FL 32233 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BATTAGLIA, CLAUDIO 11226 ARDEN CRAFT DR S JACKSONVILLE FL 32246 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: **BATTAGLIA CLAUDIO**  **14 SEPT 2006**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #