

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000014453

FILED  
May 01, 2009  
Secretary of State

Entity Name: ILARIA NICCOLINI PRODUCTION, INC.

**Current Principal Place of Business:**

4420 NW 36THH TERRACE  
GAINESVILLE, FL 32605

**New Principal Place of Business:**

4420 NW 36TH TERRACE  
GAINESVILLE, FL 32605

**Current Mailing Address:**

4420 NW 36THH TERRACE  
GAINESVILLE, FL 32605

**New Mailing Address:**

4420 NW 36TH TERRACE  
GAINESVILLE, FL 32605

FEI Number: 26-3669509

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

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

NICCOLINI, ILARIA  
4420 NW 36THH TERRACE  
GAINESVILLE, FL 32605 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: NICCOLINI, ILARIA  
Address: 4420 NW 36THH TERRACE  
City-St-Zip: GAINESVILLE, FL 32605

Title: D ( ) Delete  
Name: RIVA, ALBERTO  
Address: 4420 NW 36THH TERRACE  
City-St-Zip: GAINESVILLE, FL 32605

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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: ILARIA NICCOLINI

MRS

05/01/2009

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date