2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 08, 2009
Secretary of State

DOCUMENT# P08000035584

Entity Name: ITALINTEGRATORS CORP

Current Principal Place of Business:

9725 NW 52 ST APT 410
MIAMI, FL 33178 US

New Principal Place of Business:

Current Mailing Address:

9725 NW 52 ST APT 410
MIAMI, FL 33178 US

New Mailing Address:

FEI Number: 26-2345453 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SALGES, CARLA
9725 NW 52 ST APT 410
MIAMI FL, FL 33178 US

Name and Address of New Registered Agent:

SALGES, CARLA
9725 NW 52 ST APT 410
MIAMI, FL 33178 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: CARLA SALGES 06/08/2009
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: SALGES, CARLA
Address: 9725 NW 52 ST APT 410
City-St-Zip: MIAMI, FL 33178 US

Title: VP ( ) Delete
Name: CIRIGLIANO, JOSE
Address: 9725 NW 52 ST APT 410
City-St-Zip: MIAMI, FL 33178 US

Title: T ( ) Delete
Name: CASADO, JORGE
Address: 9725 NW 52 ST APT 410
City-St-Zip: MIAMI, FL 33178 US

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:

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: CARLA SALGES P 06/08/2009
Electronic Signature of Signing Officer or Director Date