

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000049030

Entity Name: ITALIA JBS CORP.

FILED
Jul 06, 2009
Secretary of State

Current Principal Place of Business:

533 SW TWIG AVENUE
PORT ST LUCIE, FL 34983 US

New Principal Place of Business:

1791 SW DEL RIO BLVD
PORT ST LUCIE, FL 34953 US

Current Mailing Address:

533 SW TWIG AVENUE
PORT ST LUCIE, FL 34983 US

New Mailing Address:

1791 SW DEL RIO BLVD
PORT ST LUCIE, FL 34953 US

FEI Number: FEI Number Applied For (X) FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

O'HEARN, JAMES J
2466 NE 17TH COURT
JENSEN BEACH, FL 34957 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: ITALIA, SALVATORE
Address: 533 SW TWIG AVENUE
City-St-Zip: PORT ST LUCIE, FL 34983 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: ITALIA, SALVATORE
Address: 1791 SW DELRIO BLVD
City-St-Zip: PORT ST LUCIE, FL 34953 US

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: ITALIA SALVATORE

P

07/06/2009

Electronic Signature of Signing Officer or Director

_____ Date