

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P10000042001

Entity Name: IL SOGNO DI CAPRI, INC.

**FILED**  
**Apr 29, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

150 SE 2ND AVE SUITE 1010  
MIAMI, FL 33131

**New Principal Place of Business:**

**Current Mailing Address:**

150 SE 2ND AVE SUITE 1010  
MIAMI, FL 33131

**New Mailing Address:**

FEI Number:

FEI Number Applied For (X)

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

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

BOLOGNA, STEFANIE ESQ  
150 SE 2ND AVE SUITE 1010  
MIAMI, FL 33131 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:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: D  
Name: TURCHI, MAURO  
Address: VIA CASTELBARCO 121  
City-St-Zip: ROME, RM 00148 IT

I hereby 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 all other like empowered.

SIGNATURE: MAURO TURCHI

D

04/29/2011

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

\_\_\_\_\_  
Date