2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P92000007764

1. Entity Name
ITAL AUTO SERVICES, INC.

Principal Place of Business	Mailing Address
361 ANSIN BLVD HALLANDALE, FL 33009 US	361 ANSIN BLVD HALLANDALE, FL 33009 US

DO NOT WRITE IN THIS SPACE

01062006   No Chg-P   CR2E034 (11/05)

4. FEI Number	Applied For
65-0371500	Not Applicable

5. Certificate of Status Desired	☐	$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ALMAN, MARTIN H
17290 N.E. 19 AVE
N. MIAMI BEACH, FL 33162

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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

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution.	☐	$5.00 May Be Added to Fees

10.   OFFICERS AND DIRECTORS

TITLE	DPS
NAME	MORELLO, FILADELFIO
STREET ADDRESS	2550 N.E. 215TH ST.
CITY-ST-ZIP	N MIAMI BEACH, FL

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
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TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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01/24/06-80060-019 150.00

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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: _Filadelfio Morello_   FILADELFIO MORELLO   1-14-06   954-45631

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #