


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 05, 2004 8:00 am**  
**Secretary of State**

05-05-2004 90233 012 \*\*\*150.00

<b>DOCUMENT # P94000062773</b>			
1. Entity Name ITALTOP, INC.			
Principal Place of Business 777 NW 72ND AVENUE SHOWROOM 1-BB51A MIAMI FL 33126 US		Mailing Address 777 NW 72ND AVENUE SHOWROOM 1-BB51A MIAMI FL 33126 US	
2. Principal Place of Business		3. Mailing Address 755 NW 72 AVE PLAZA 6 MIAMI FL 33126 USA	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip		Zip	
Country		Country	
6. Name and Address of Current Registered Agent PAOLO SCHIRALDI 220 71ST STREET STE 213 MIAMI BEACH FL 33141		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 755 NW 72 AVE PLAZA 6 City MIAMI FL 33126	
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 <i>Paolo Schiraldi</i> (NOTE: Registered Agent signature required when reinstating) DATE 04/29/04			
FILE NOW!!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SCHIRALDI, PAOLO 777 NW 72ND AVE., #1BB51A MIAMI FL 33126 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 an other like empowered.

SIGNATURE: *Paolo Schiraldi*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/29/04  
DATE

Daytime Phone #