2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2003 8:00 am
Secretary of State
05-02-2003 90386 047 ***150.00

DOCUMENT # P94000062773

1. Entity Name
ITALTOP, INC.
ITALTOP, INC

Principal Place of Business	Mailing Address
220 71 STREET 213 MIAMI FL 33141 US	220 71 STREET 213 MIAMI FL 33141 US

2. Principal Place of Business	3. Mailing Address
777 NW 72 Ave	777 NW 72 Ave
Showroom 1-BB51A	Showroom 1BB51A
City & State: MIAMI FL	City & State: MIAMI FL
Zip: 33126 Country: USA	Zip: 33126 Country: USA

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 65-0538299 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
PAOLO, SCHIRALDI 220 71ST STREET STE 213 MIAMI BEACH FL 33141	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

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 Schiraldi Paolo PRES PAOLO SCHIRALDI 04-30-03
Signature, type or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. Election Campaign Financing Trust Fund Contribution. ☐ **$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 220 71ST STREET # 213 MIAMI BEACH FL 33141 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SCHIRALDI PAOLO ☒ Change ☐ Addition PRESIDENT 777 NW 72 Ave #1BB51A MIAMI FL 33126
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ 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 all other like empowered.

SIGNATURE: Schiraldi Paolo PRES PAOLO SCHIRALDI 04-30-03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Telephone #

TOTAL P.01