2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Mar 10, 2005 8:00 am Secretary of State

1. Entity Nam ETALY 10	MENT # P95000078 9, INC.	240				03-10-2005 9	90158 029 ***1	50.00
Principal Place 4205 S MACI SUITE E TAMPA, FL 3	DILL AVE	Mailing Address 3024 FAIROAKS AVE. TAMPA, FL 33611	US				JUVWA	
2. Principal Place of Business		3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.			03042005	Chg-P	CR2E034 (10/0	
City & State		City & State			4. FEI Number 59-3344		⊢	Applied For
Zip Country		Zip Country		у		of Status Desired	\$8.75 A	
	6. Name and Address of Current	Registered Agent	<u> </u>		7. Name and	Address of New R		
		<u> </u>	t	Name			<u> </u>	
TINI, PAOLO R 3024 FAIROAKS AVE TAMPA, FL 33611				Street Address ((P.O. Box Numbe	r is Not Acceptable	r)	
TAMICA, FI	L 33011		_	City			7:- 0	
				City			FL Zip C	ode
	named entity submits this statement fo ions of registered agent.	r the purpose of changing its	registered	d office or register	red agent, or both	n, in the State of Flo	rida. I am familiar wi	h, and accept
SIGNATURE.	Signature, typed or printed name of registered agent	and title if applicable. (NOT	E: Registered	Agent signature required	d when reinstating)		DATE	
	E NOW!!! FEE IS \$150.00 ay 1, 2005 Fee will be \$550.0	9. Election Campa Trust Fund Cont	_		.00 May Be ded to Fees			
		Trust Fund Cont	_		led to Fees	CHANGES TO OFFI	ICERS AND DIRECTO	RS IN 11
After Ma	ay 1, 2005 Fee will be \$550.	Trust Fund Cont	tribution.		led to Fees	CHANGES TO OFFI	CERS AND DIRECTO	
After Ma	OFFICERS AND D TINI, PAOLO	DIRECTORS	11. TITLE NAME	Add	led to Fees	CHANGES TO OFFI		
After Ma	OFFICERS AND D TINI, PAOLO 3042 FAIROAKS AVE	DIRECTORS	11. TITLE NAME STREET	T ADDRESS	led to Fees	CHANGES TO OFFI		
10. TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AND D TINI, PAOLO	Trust Fund Cont	11. TITLE NAME STREET	T ADDRESS	led to Fees	CHANGES TO OFFI	☐ Chang	e Addition
After Ma	OFFICERS AND D TINI, PAOLO 3042 FAIROAKS AVE	DIRECTORS	11. TITLE NAME STREET	T ADDRESS	led to Fees	CHANGES TO OFFI		e Addition
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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 of 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/4/65 813-835-6622