


**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 29, 2008 8:00 am**  
**Secretary of State**

05-29-2008 90197 008 \*\*\*150.00

<b>DOCUMENT # P95000085781</b>	
1. Entity Name ITALIAN CRAFTS IMPORTS CORPORATION	

Principal Place of Business 250 N. ORLANDO AVE. WINTER PARK, FL 32789 XXXXXXXXXXXX 2810 CORRINE DR. ORLANDO, FL. 32803	Mailing Address X250 N. ORLANDO AVE XWINTER PARK FL 32789 X2810 CORRINE DR. ORLANDO, FL. 32803
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03172008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 59-3347547	Applied For Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent  CORNACCHIO, PASQUALE 525 GLENARDEN ROAD WINTER PARK, FL 32792
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IN THIS SPACE**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2008 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP CORNACCHIO, PASQUALE 525 GLENARDEN ROAD WINTER PARK, FL 32792
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPSTD MARTIN, BEVERLY C. 2810 CORRINE DRIVE ORLANDO, FL 32803
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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:**  **5/01/08 407 894-0881**  
PASQUALE CORNACCHIO, PRESIDENT Date Daytime Phone #