2005 FOR PROFIT CORPORATION

ANNUAL REPORT

DOCUMENT # P96000067715

1. Entity Name CIAO! ITALIA, IN€.



Principal Place of Business

5370 GULF OF MEXICO DR LONGBOAT KEY, FL 34228 Mailing Address

5370 GULF OF MEXICO DR LONGBOAT KEY, FL 34228

FILED Feb 09, 2005 08:00 AM Secretary of State



DO NOT WRITE	IN	THIS	SPACE
--------------	----	------	-------

CR2E034 (10/03) No Chg-P 01132005

65-0686451		Not Applicable
1. FEI Number	<u> </u>	Applied For

5. Certificate of Status Desired

\$8.75 Additional Fee Required

Daytime Phone #

6. Name and Address of Current Registered Agent

ASTUTO, CARMINE 5370 GULF OF MEXICO DR LONGBOAT KEY, FL 34228

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF

DO NOT WRITE IN THIS SPACE

	named entity submits this statement for the plions of registered agent	purpose of changing its registe	red office or registered agent, or bo	oth, in the State of Florida. I am familiar with, and accept
SIGNATURE	Signature, typed or printed name of registered agent and little	if applicable (NOTE Register	red Agent signature required when reinstating)	DATE
	E NOW!!! FEE IS \$150.00 ay 1, 2005 Fee will be \$550.00	Election Campaign Fina Trust Fund Contribution	·	
10.	OFFICERS AND DIREC	TORS		, , , , , , , , , , , , , , , , , , ,
TITLE NAME STREET ADDRESS CITY STIZIP	PSD ASTUTO, CARMINE 5370 GULF OF MEXICO DR LONGBOAT KEY, FL 34228			U00000221142
TITLE NAME STREET ADDRESS CITY-ST-ZIP				02/03/05-80020-008 150.08
TITLE NAME STREET ADDRESS CITY-ST-ZIP			DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP			IN	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP				<u> </u>
TITLE NAME STREET ADDRESS CITY-ST-ZIP				
of the cor	certify that the information supplied with this f I on this report or supplemental report is true rooration or the receiver or trustee empowere , or on an attackment with an address, with al	d to execute this leport as req	semption stated in Section 119.07(3 nature shall have the same legal effe uired by Chapter 607, Florida Statul	.)(i), Florida Statutes. I further certify that the information ect as if made under oath; that I am an officer or director tes, and that my name appears in Block 10 or Block 11 if

IGNING OFFICER OR DIRECTOR