## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Apr 04, 2005 08:00 AM

NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP	DOCUMENT # P97000015856  1. Entity Name LITALIAN SUPPLIES, INC.					S	ecretary of	State
Suite, Apt. 4, etc.    Suite, Apt. 4, etc.   Suite   City & State   City & City & State   City &	9200 S. DADELAND BLV		[ (40	18 <b>50</b> 6 (kg 30))) 8 <b>30</b> )) <b>0</b> 5)) 05)	a North Deema mean adhe north while a	ISSENI IF INNEI		
City & State  Ci	Principal Place of Business							
Section   Sect	Suite, Apt. #, etc.	7	Suite, Apt. #, etc.	Suite, Apt. #, etc.		2005 Chg-P	CR2E034 (10/03)	ı
6. Certificate of Status Desired   90. In Address of Current Registered Agust   7. Name and Address of New Registered Agust   7. Name and Address of New Registered Agust   Name	City & State	_	City & State	-			<del></del>	<del></del>
Name   Street Acclerate (P.O. Box Number is Not Acceptable)     Street Acceptable)     Street Acceptable     Street Acceptable     Street Acceptable     Street Acceptable     Street Acceptable	` <u> </u>			Country	5. Ceri	ificate of Status Desire	ed S8.75 Ad Fee Require	Iditional ed
Strest Address (P.O. Box Number is Not Acceptable)    Strest Address (P.O. Box Number is Not Acceptable)	S. Nam	and Address of Curre	ent Registered Agent	Name	7. Nan	e and Address of Ne	w Registered Agent	*
8. The above named onlify submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.  SIGNATURE    Signature   Special productions of registered agent and like it accitants.   NOTE included Agent structure mounted when releasting)   DATE	9200 S. DADELANI	D BLVD., 517		Street Ad	dress (P.O. Box	Number is Not Accept	able)	
SIGNATURE    Signature types of printed read agent and little 8 socilication.   NOTE: Replicated Agent 6 gradure read and when misrastering)   DATE				City			FL Zip Cod	de
After May 1, 2005 Fee will be \$550.00  Trust Fund Contribution. Added to Fees  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  TITLE  DP  Change   Delete   MAKE SITEST ADDRESS CITY-ST-2P   MIAMI BEACH, FL 33139   Delete   MAKE SITEST ADDRESS CITY-ST-2P   Delete   MAKE SITEST	the obligations of regis	stered agent.	· .					, and accept
TITLE NAME STREET ADDRESS CITY-ST-2P  TITLE NAME STREET ADDRESS CITY-S	FILE NOWIII After May 1, 200	FEE IS \$150.00 5 Fee will be \$55			\$5.00 May Added to Fee	Be s		_
NAME ADDRESS OWEST AVE STE 730 STRET ADDRESS OWEST AVE STE 730 TITLE NAME STRET ADDRESS OWY-ST-ZP TITLE OWNE STRET ADDRES		OFFICERS A			ADDIT	IONS/CHANGES TO		
NAME STREET ADDRESS CTIV-ST-ZPP  TITLE NAME STREET ADDRESS CTIV-ST-ZPP  TITLE NAME STREET ADDRESS STREET ADDRES	NAME BELLUS	ST AVE STE 730	L.) Delete	NAME STREET ADDRESS		UI 04/0-	D0000287688 4/05-80080-003	150.00
NAME STREET ADDRESS CITY-ST-ZIP TITLE TITL	NAME STREET ADDRESS		□ Delete	NAME STREET ADDRESS			☐ Change	☐ Addition
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NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), 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:  SIGNATURE:	NAME STREET ADDRESS		□ Dei≥te	NAME STREET ADDRESS			☐ Change	☐ Addilion
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, Date Date Date Date Date Date Date Date	SIGNATURE:	SIGNATURE AND TIPED	ON PRINTED NAME OF SIGNING OFFICER		ددىجې		Charlina Shore #	