


2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 22, 2007 08:00 A
Secretary of State

DOCUMENT # P98000077712	
1. Entity Name IL TOSCANO, INC.	

Principal Place of Business 2282 WESTON RD WESTON FL 33326 US	Mailing Address 2282 WESTON RD WESTON FL 33326 US
---	---



2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

1st MOORE CR2E034 (10/06)

4. FEI Number 65-0864110	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent HELLMAN, MAYNARD J 5600 COLLINS AVE APT 8-F CORAL GABLES FL 33134	
---	--

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	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 _____ (NOTE: Registered Agent signature required when reinstating.) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee Will Be \$550.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
---	--

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
NAME P FILPI, PIERO 6450 ALLISON ROAD MIAMI BEACH FL 33141	<input type="checkbox"/> Delete	NAME NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME VP BRAMAN, NORMAN ONE S.E. 3RD AVE. SUITE 2130 MIAMI FL 33131	<input type="checkbox"/> Delete	NAME NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME ST SINDONI, MARCELLO 5600 COLLINS AVE APT 8-F MIAMI BEACH FL 33140	<input type="checkbox"/> Delete	NAME NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	NAME NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	NAME NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	NAME NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

U00000675672
03/30/07-80029-005 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:  **MARCELLO SINDONI**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
3-16-2007 954-385-5883
Date Daytime Phone #