

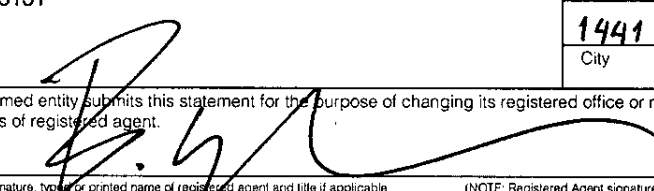
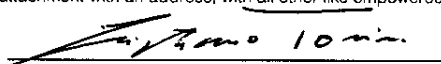


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 90726 010 ***150.00

DOCUMENT # P99000035790 1. Entity Name ITALVEST HOLDINGS, INC.					
Principal Place of Business 601 BRICKELL KEY DRIVE SUITE 805 MIAMI, FL 33131			Mailing Address 601 BRICKELL KEY DRIVE SUITE 805 MIAMI, FL 33131		
2. Principal Place of Business 1441 BRICKELL AVE.		3. Mailing Address 1441 BRICKELL AVE.			
Suite, Apt. #, etc. SUITE 1014		Suite, Apt. #, etc. SUITE 1014			
City & State MIAMI, FL		City & State MIAMI FL			
Zip 33131		Zip 33131			
Country U.S.		Country U.S.		04212004 Chg-P CR2E034 (10/03)	
4. FEI Number 65-1004830				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 ALLEN & GALEGO 601 BRICKELL KEY DRIVE SUITE 805 MIAMI, FL 33131			7. Name and Address of New Registered Agent Name ROBERT ALLEN LAW Street Address (P.O. Box Number is Not Acceptable) 1441 BRICKELL AVE., SUITE 1014 City MIAMI FL 33131		
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: 					
Signature, type or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		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		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DCP FERRETTI, NORBERTO 3663 NW 21ST ST MIAMI, FL 33142	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP GALEONE, GIANCARLO 3663 NW 21ST ST MIAMI, FL 33142	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S TONINI, CRISTIANO 3663 NW 21ST ST MIAMI, FL 33142	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. 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 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:  Cristiano Tonini 4/30/04 305 372-335					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					