

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 26, 2005 08:00 AM
Secretary of State

DOCUMENT # P99000109184

1. Entity Name

ITALTEAM ENTERPRISE, CORP.



Principal Place of Business

782 N.W. LEJEUNE ROAD, SUITE 428
MIAMI, FL 33126

Mailing Address

782 N.W. LEJEUNE ROAD, SUITE 428
MIAMI, FL 33126



06022005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0972690

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

PUIG, MAGALI L
782 N.W. LEJEUNE ROAD, SUITE 428
MIAMI, FL 33126

**DO NOT WRITE
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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
Due by September 7, 2005

9. Election Campaign Financing
Trust Fund Contribution.



\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

| | |
|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DP LOIZZO, ANTONIO 782 NE LEJUNE RD., STE. 428 MIAMI, FL 33126 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | S PUIG, MAGALI L 782 N.W. LEJEUNE ROAD, SUITE 428 MIAMI, FL 33126 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | T FILIPPO, CALDERAZZI 782 NW LEJEUNE RD., STE. 428 MIAMI, FL 33126 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |

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07/26/05-80001-013 158.75

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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:

Magali Puig Secretary
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/6/05

Date

Daytime Phone #