

**2023 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P01000019346

**Entity Name:** ITALPRESSE U.S.A., INC.

**Current Principal Place of Business:**

26520 MALLARD WAY  
PUNTA GORDA, FL 33950

**Current Mailing Address:**

26520 MALLARD WAY  
PUNTA GORDA, FL 33950

**FEI Number:** 65-1076723

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

LORAH, CPA, GEOFFREY L.  
1107 W. MARION AVENUE  
SUITE 115  
PUNTA GORDA, FL 33950 US

*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.*

**SIGNATURE:** GEOFFREY L. LORAH, CPA

04/26/2023

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title COO AND DIRECTOR  
Name THOM, DARREN  
Address 26520 MALLARD WAY  
City-State-Zip: PUNTA GORDA FL 33950

Title TREASURER AND DIRECTOR  
Name NICOLI, MARIO ROBERTO  
Address VIA DELLE GROANE, 15  
City-State-Zip: BAGNATICA 24060

Title PRESIDENT AND DIRECTOR  
Name SALA, PAOLO  
Address VIA DELLE GROANE, 15  
City-State-Zip: BAGNATICA 24060

Title VP AND DIRECTOR  
Name NICOLO, ROBERTO  
Address VIA DELLE GROANE, 15  
City-State-Zip: BAGNATICA 24060

Title SECRETARY AND DIRECTOR  
Name SALA, PAOLO  
Address VIA DELLE GROANE, 15  
City-State-Zip: BAGNATICA 24060

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** DARREN THOM

COO

04/26/2023

Electronic Signature of Signing Officer/Director Detail

Date