


2006 FOR PROFIT CORPORATION
ANNUAL REPORT

FILED
Jan 20, 2006 08:00 AM
Secretary of State

DOCUMENT # 571018
1. Entity Name
GIORDANO MIRRORS OF FLORENCE, INC.



Principal Place of Business 12737 BISCAYNE BLVD. NO MIAMI BCH, FL 33181	Mailing Address 12737 BISCAYNE BLVD. N. MIAMI, FL 33181 US
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DO NOT WRITE IN THIS SPACE

813-4666666 F&

01172006 No Chg-P CR2E034 (11/05)

4. FEI Number 59-1822416	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
GIORDANO, DANIEL
12737 BISCAYNE BLVD
NORTH MIAMI BEACH, FL 33181

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT GIORDANO, DANIEL 3745 NE 171ST UNIT 49 NORTH MIAMI BEACH, FL 33160
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVST GLORDANO, DANIEL 3745 NW 171ST. UNIT 49 NORTH MIAMI BEACH, FL 33160
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01/24/06-80062-015 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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: Daniel Giordano DANIEL GIORDANO 1-17-06 305-895-3444
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #