


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jul 07, 2004 8:00 am**  
**Secretary of State**

07-07-2004 90003 001 \*\*\*150.00

**DOCUMENT # H36634**  
 1. Entity Name  
**AIR GIANT, INC.**



Principal Place of Business  
**4700 SW 42ND TERRACE**  
**FT LAUDERDALE, FL 33314**

Mailing Address  
**4700 SW 42ND TERRACE**  
**FT LAUDERDALE, FL 33314**

34060200



06302004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>59-2474658</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  
**DI IOIA, DARLENE**  
**4700 SW 42ND TERRACE**  
**FT LAUDERDALE, FL 33314**

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

**FILE NOW!!! FEE IS \$550.00**  
**Due by September 8, 2004**

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

*Did not receive 2004 Annual report by mail.*

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DI IOIA, DARLENE 4700 SW 42ND TERRACE FT LAUDERDALE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD DI IOIA, BRENDA 3924 SW 139 AVE FORT LAUDERDALE, FL 33330
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD DI IOIA, ANTHONY 4700 SW 42ND TERRACE FT LAUDERDALE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP DI IOIA, GEORGE A 4700 SW 42 TERRANCE FT LAUDERDALE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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: Darlene Di Ioia President 6/30/04 584-4830  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #  
 DARLENE DI IOIA President

Attachment

54060200

# A36634

Dear Sir, 6/30/04

My corporation did not receive the 2004 Annual Report by mail. Please check our record with your department, we have never miss a report since 1985 with the state.

Enclosed is the report & check \$150.<sup>00</sup> for 2004.

Thank you,  
Darlene Di Loid  
AIR Giant, Inc.