


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 18, 2005 8:00 am
Secretary of State

03-18-2005 90071 008 ***150.00

DOCUMENT # K71412							
1. Entity Name GIONI INCORPORATED							
Principal Place of Business % SAMUEL SPENCER BLUM, P.A. 318 ARAGON AVE. CORAL GABLES, FL 33134		Mailing Address % SAMUEL SPENCER BLUM, P.A. 318 ARAGON AVE. CORAL GABLES, FL 33134					
2. Principal Place of Business 318 ARAGON AVE		3. Mailing Address 13501 SW 128TH ST.					
Suite, Apt. #, etc.		Suite, Apt. #, etc. SUITE 103					
City & State CORAL GABLES, FL		City & State MIAMI, FLORIDA		4. FEI Number 65-0110246			
Zip 33134	Country USA	Zip 33186	Country USA	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
PERNETTI, TELESFORO 318 ARAGON AVE. MIAMI, FL 33134				Name			
				Street Address (P.O. Box Number is Not Acceptable)			
				City			
				FL			Zip Code
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____							
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 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	PD PERNETTI, TELESFORO 318 ARAGON AVE CORAL GABLES, FL 33134 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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: _____		Nino Perneti 03/14/05					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	Daytime Phone #				

50027694



03042005 Chg-P CR2E034 (10/03)