
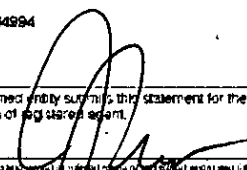
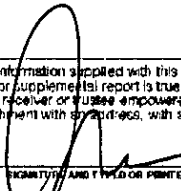


05-06-2003 90032 007 \*\*\*150.00

**2003 FOR PROFIT CORPORATION  
 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # L38534			
1. Entity Name <b>GIOVANNI'S, INC.</b>			
Principal Place of Business 729 SOUTH FEDERAL HWY 210 STUART, FL 34994 US		Mailing Address 729 SOUTH FEDERAL HWY 210 STUART, FL 34994 US	
2. Principal Place of Business <b>3868 SE Dixie Hwy.</b>		3. Mailing Address <b>3868 SE Dixie Hwy.</b>	
City & State <b>Stuart, FL</b>		City & State <b>Stuart, FL</b>	
4. FEI Number <b>59-2985773</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		58.75 Additional Fee Required	
6. Name and Address of Current Registered Agent <b>RIEGER JOSEPH 729 SOUTH FEDERAL HWY 210 STUART, FL 34994</b>		7. Name and Address of New Registered Agent <b>3868 SE Dixie Hwy. City Stuart, FL Zip Code 34997</b>	
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 my stated agent. SIGNATURE:  DATE: <b>04/29/03</b> <small>(NOTE: Registered Agent's signature required when registering)</small>			
9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP RIEGER, JOSEPH 729 SOUTH FEDERAL HWY #210 STUART, FL 34994 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSP COHEW, PETER 729 SOUTH FEDERAL HWY #210 STUART, FL 34994 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>3868 SE Dixie Hwy. Stuart, FL 34997</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Cohen 3868 SE Dixie Hwy. Stuart, FL 34997</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
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
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
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)(c), 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 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 my address, with all other like empowers.			
SIGNATURE: 		DATE: <b>04/29/03</b>	

90130632



CHECK HERE IF MAKING CHANGES

CR2E084 (10/02)