

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000051666

FILED
Apr 26, 2004
Secretary of State

Entity Name: GIUELA, INC.

Current Principal Place of Business:

1200 ANASTASIA AVE
STE 310
MIAMI, FL 33134

New Principal Place of Business:

Current Mailing Address:

300 ARAGON AVENUE
SUITE 250
CORAL GABLES, FL 33134

New Mailing Address:

1200 ANASTASIA AVE.
SUITE 310
CORAL GABLES, FL 33134 US

FEI Number: 65-1090426

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WOODBIDGE, FREDERICK JR
1200 ANASTASIA AVE
STE 310
MIAMI, FL 33134

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: GARBETTA, EMANUELA
Address: 2301 COLLINS AVENUE #1507
City-St-Zip: MIAMI BEACH, FL 33139

Title: VP () Delete
Name: NEDIANI, GIUSEPPE
Address: 2301 COLLINS AVE 1507
City-St-Zip: MIAMI BEACH, FL 33139

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: EMANUELA GARBETTA

D

04/26/2004

Electronic Signature of Signing Officer or Director

_____ Date