

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 26, 2003 8:00 am
Secretary of State

02-26-2003 90180 041 ***150.00

DOCUMENT # P01000061799



1. Entity Name
GIANNA INVESTMENTS, INC.

Principal Place of Business
5100 N. FEDERAL HIGHWAY
SUITE 404
FT. LAUDERDALE FL 33308

Mailing Address
5100 N. FEDERAL HIGHWAY
SUITE 404
FT. LAUDERDALE FL 33308

2. Principal Place of Business*
1616 Cutbreath Isles Dr
Suite, Apt. #, etc.

3. Mailing Address
1616 Cutbreath Isles Dr
Suite, Apt. #, etc.



CHECK HERE IF MAKING CHANGES

City & State
Tampa, FL
Zip
33609
Country
USA

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Tampa, FL
Zip
33609
Country
USA

4. FEI Number 65-1128084
Applied For
 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
NOVELLO, BENJAMIN P
29 FORT ROYAL ISLE
FORT LAUDERDALE FL 33308

7. Name and Address of New Registered Agent
Name Benjamin P. Novello
Street Address P.O. Box Number is Not Acceptable
1616 Cutbreath Isles Dr
City Tampa FL Zip Code 33609

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 2/10/03

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS	
TITLE P NAME NOVELLO, BENJAMIN P STREET ADDRESS 29 FORT ROYAL ISLE CITY-ST-ZIP FORT LAUDERDALE FL 33308	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE P NAME Benjamin P Novello STREET ADDRESS 1616 Cutbreath Isles Dr CITY-ST-ZIP Tampa, FL 33609	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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"/> 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:
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE 2/10/03 813.765.6439
Daytime Phone #

CR2E034 (10/02)