


**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 14, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # P03000151247**

1. Entity Name  
**GIRALDO'S INVESTMENTS, INC.**




Principal Place of Business      Mailing Address

**4080 SW 84TH AVE., SUITE C**      **4080 SW 84TH AVE., SUITE C**  
**MIAMI, FL 33155**      **MIAMI, FL 33155**

6. Name and Address of Current Registered Agent

**GIRALDO, CLARA**  
**4080 SW 84TH AVE., SUITE C**  
**MIAMI, FL 33155**



01042008    No Chg-P    CR2E034 (11/05)

4. FEI Number      Applied For  
**30-0220250**      Not Applicable

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

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

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2008 Fee will be \$550.00**

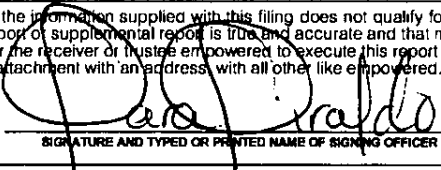
9. Election Campaign Financing Trust Fund Contribution.        **\$5.00 May Be Added to Fees**

000000780858  
 01/15/08-80010-020 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GIRALDO, CLARA 4080 SW 84TH AVE., SUITE C MIAMI, FL 33155
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_