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Secretary of State
05-07-2007 90052 016 ***150.00

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # P05000048079

1. Entity Name
GIARDINALAW, P.A.

Principal Place of Business
3706 W. MCKAY AVE.
SUITE B
TAMPA FL 33609

Mailing Address
3706 W. MCKAY AVE.
SUITE B
TAMPA FL 33609

1st MOORE CR2E034 (10/06)

2. Principal Place of Business - No P.O. Box #: 3802 Bay to Bay Blvd.
Suite, Apt. #, etc.: 11
City & State: Tampa, Florida
Zip: 33629 Country: USA

3. Mailing Address: 3802 Bay to Bay Blvd.
Suite, Apt. #, etc.: Suite 11
City & State: Tampa, Florida
Zip: 33629 Country: USA

4. FEI Number: 65-1245139 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent
GIARDINA, JAMES S
3706 W. MCKAY AVE.
SUITE B
TAMPA FL 33609

7. Name and Address of New Registered Agent
Name: James S. Giardina
Street Address (P.O. Box Number is Not Acceptable): 3802 Bay to Bay Blvd.
Suite 11
City: Tampa FL Zip Code: 33629

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: X [signature] James S. Giardina DATE: 4/20/07
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, 2007 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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P GIARDINA, JAMES S 3706 W. MCKAY AVE. SUITE B TAMPA FL 33609	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Giardina, James S 3802 Bay to Bay Blvd. suite 11 Tampa, FL. 33629	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #