

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 21, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # F01000003410

1. Entity Name  
GLOBAL NAPS FLORIDA, INC.



Principal Place of Business  
10 MERRYMOUNT ROAD  
QUINCY, MA 02169

Mailing Address  
10 MERRYMOUNT ROAD  
QUINCY, MA 02169



01042005... No.Chg-P CR2E034 (10/03)

4. FEI Number  
04-3566602

Applied For  
Not Applicable

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

**DO NOT WRITE IN THIS SPACE**

**6. Name and Address of Current Registered Agent**

GOMEZ, ADOLFO  
100 SOUTH BISCAYNE BLVD., STE 470  
MIAMI, FL 33131

**DO NOT WRITE  
IN THIS SPACE**

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)

DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE PD  
NAME GANGI, FRANK T  
STREET ADDRESS 10 MERRYMOUNT ROAD  
CITY-ST-ZIP QUINCY, MA 02169

TITLE TD  
NAME GANGI, RICHARD  
STREET ADDRESS 10 MERRYMOUNT ROAD  
CITY-ST-ZIP QUINCY, MA 02169

TITLE SD  
NAME COUTURE, MICHAEL  
STREET ADDRESS 10 MERRYMOUNT ROAD  
CITY-ST-ZIP QUINCY, MA 02169

TITLE D  
NAME COUTURE, MICHAEL  
STREET ADDRESS 10 MERRYMOUNT ROAD  
CITY-ST-ZIP QUINCY, MA 02169

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

0100000186761  
01/21/05-80070-007 600.00

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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

Richard Gangi

1/10/05

Date

617-507-6100

Daytime Phone #