2008 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # F40629

1. Entity Name
DE GIOVANNI EXPORT & IMPORT CORP.

40050342

Principal Place of Business	Mailing Address
180 CYPRESS CLUB DR APT 834 POMPANO BEACH, FL 33060	180 CYPRESS CLUB DR APT 834 POMPANO BEACH, FL 33060

03112008   Chg-P   CR2E034 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State

4. FEI Number
59-2159627
☐ Applied For
☐ Not Applicable

Zip	Country	Zip	Country

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
DI GIOVANNI, LUIGI 180 CYPRESS CLUB DR. #834 POMPANO BEACH, FL 33060	Name Street Address (P.O. Box Number is Not Acceptable) City ____ FL ____ Zip Code

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, 2008 Fee will be $550.00**	**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	DP DI GIOVANNI, LUIGI 180 CYPRESS CLUB DR #843 POMPANO BEACH, FL 33060	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	*180 CYPRESS CLUB DR. #834*	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S DI GIOVANNI, ANTORE 180 CYPRESS CLUB DR #843 POMPANO BEACH, FL 33060	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	*180 CYPRESS CLUB DR. #834*	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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 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: _____   3/17/08   (954) 786-1105

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #