## - 2005 FOR PROFIT CORPORATION

## **FILED ANNUAL REPORT** Jan 18, 2005 08:00 AM DOCUMENT # J48806 **Secretary of State** DI GIORGIO INVESTMENT CORPORATION Principal Place of Business Mailing Address 24 NORTH DR. 24 NORTH DR. KEY LARGO, FL 33037 KEY LARGO, FL 33037 01062005 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-2761574 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DIGIORGIO, PASQUALE DO NOT WRITE 24 NORTH DRIVE **KEY LARGO** IN THIS SPACE **DAVIE, FL 33037** 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 regi-(NOTE Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2005 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. TITLE DIGIORGIO, PASQUALE NAME STREET ADDRESS 1471 AQUA AVE CITY-ST-ZIP CORAL GABLES, FL 33156 1000000182831 TITLE 41/19/05-80045-005 150.00 STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS. CITY-ST-ZIP TITLE NAME STREET ADDRESS

I hereby certify that the information supplied with this filling 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 without other like empowered.

SIGNATURE:

CITY-ST-ZIP

RINTE NAME OF SIGNING OFFICER OR DIRECTOR