2003 FOR PROFIT CORPORATION

UNIFORM BUSINESS REPORT (UBR J82723

DOCUMENT#

1. Entity Name GIO & GIO, INC.



FILED Mar 24, 2003 8:00 am **Secretary of State**

03-24-2003 90640 003 ***158.75

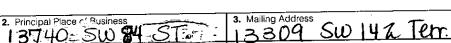


Principal Place of Business
13740 SW 84TH STREET
MIAMI FL 33183

Mailing Address

13740 SW 84TH STREET

MIAMI FL 33183





Suite, Apt. #, etc M CHECK HERE IF MAKING CHANGES Applied For 4. FEI Number City & State 59-2816524 City & State Not Applicable Miam \$8.75 Additional Country 5. Certificate of Status Desired Fee Required-7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent DICEMBRINO, SALVATORE Street Address 13309 S W 142 TERR **MIAMI FL 33186** City m 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 SIGNATURE (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 10. CR2E034 (10/02) TITLE Delete Escudero TITLE maria J. NAME DICEMBRINO, SALVATORE 13309 SW 142 Terr NAME STREET ADDRESS 2245 ARIELLE DR. #2102 STREET ADDRESS CITY-ST-ZIE NAPLES FL 34109 CITY-ST-7IP ☐ Addition ☐ Change TITLE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF -Change ☐ Addition ☐ Delete TITE F TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Change ☐ Delete TITLE TITI F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP

12. I hereby certify that the information supplied with this filing 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 of the 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.

Maria Escudero, P