

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 17, 2007 8:00 am**  
**Secretary of State**

03-13-2007 90014 017 \*\*\*\*\*8.75  
04-17-2007 90245 034 \*\*\*141.25

<b>DOCUMENT # K88499</b> 1. Entity Name <b>NUNZIA, INC.</b>					
Principal Place of Business <b>ALOHA CLEANERS</b> <b>501 N.E. 2ND STREET</b> <b>DELRAY BEACH FL 33483</b> <b>US</b>			Mailing Address <b>3508 DIANE DR</b> <b>BOYNTON BEACH FL 33435</b> <b>US</b>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>59-2957269</b> <div style="float: right;"> <input type="checkbox"/> Applied For  <input type="checkbox"/> Not Applicable         </div>	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>BARBALACO, ANNUNZIATA</b> <b>3508 DIANE DRIVE</b> <b>BOYNTON BEACH FL 33435</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right;"> <b>FL</b> Zip Code         </div>		
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 _____ <small>Signature, typed or printed name of registered agent and title, applicable. (NOTE: Registered Agent signature required when re-registration)</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007 Fee Will Be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>			9. Election Campaign Financing <b>\$5.00 May Be</b> Trust Fund Contribution. <input type="checkbox"/> <b>Added to Fees</b>		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P <b>BARBALACO, ANNUNZIATA</b> <input type="checkbox"/> Delete <b>3508 DIANE DRIVE</b> <b>BOYNTON BCH FL</b>		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP <b>BARBALACO, GIUSEPPE</b> <input type="checkbox"/> Delete <b>3508 DIANE DRIVE</b> <b>BOYNTON BEACH FL</b>		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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.					
<b>SIGNATURE:</b> <i>Giuseppe Barbalaco</i> <b>GIUSEPPE BARBALACO</b> <b>2-28-07</b> <b>561 2769269</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					