


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2004 8:00 am
Secretary of State

04-19-2004 90376 001 ***150.00

DOCUMENT # P0000094843

1. Entity Name
GIOFRANCA CORP.



Principal Place of Business Mailing Address

5445 COLLINS AVE. **5445 COLLINS AVE.**
1111 **1111**
MIAMI, FL 33140 **MIAMI, FL 33140**

14004868



2. Principal Place of Business 3. Mailing Address

5445 COLLINS AVE **5445 COLLINS AV**
 Suite, Apt. #, etc. Suite, Apt. #, etc.
SUITE CUI4 **SUITE CUI4**

04062004 Chg-P CR2E034 (10/03)

City & State City & State

MIAMI BEACH **MIAMI BEACH**

4. FEI Number Applied For

65-1045600 Not Applicable

Zip Country Zip Country

33140 **USA** **33140** **USA**

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

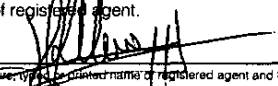
6. Name and Address of Current Registered Agent

MECOZZI, HORACIO
5445 COLLINS AVE
~~SUITE 1111~~ ← **CHANGE**
MIAMI, FL 33140

7. Name and Address of New Registered Agent

Name: **HORACIO MECOZZI**
 Street Address (P.O. Box Number is Not Acceptable): **5445 COLLINS AVE**
SUITE CUI4
 City: **MIAMI BEACH** FL Zip Code: **33140**

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:  DATE: **4/6/04**

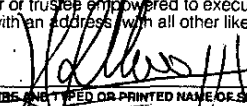
Signature of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 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	PD MECOZZI, HORACIO 5445 COLLINS AVE SUITE CUI4 ← CHANGE MIAMI, FL 33140 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MECOZZI, HORACIO 5445 COLLINS AVE SUITE CUI4 MIAMI BEACH FL 33140 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 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:  DATE: **4/6/04** PHONE: **305 978 7840**

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