


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

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

04-19-2004 90376 001 \*\*\*150.00

<b>DOCUMENT # P00000094843</b>	
1. Entity Name <b>GIOFRANCA CORP.</b>	

Principal Place of Business <b>5445 COLLINS AVE. 1111 MIAMI, FL 33140</b>	Mailing Address <b>5445 COLLINS AVE. 1111 MIAMI, FL 33140</b>
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**14004868**



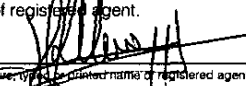
2. Principal Place of Business <b>5445 COLLINS AVE</b>	3. Mailing Address <b>5445 COLLINS AV</b>
Suite, Apt. #, etc. <b>SUITE CUIY</b>	Suite, Apt. #, etc. <b>SUITE CUIY</b>
City & State <b>MIAMI BEACH</b>	City & State <b>MIAMI BEACH</b>
Zip <b>33140</b>	Country <b>USA</b>

04062004 Chg-P CR2E034 (10/03)

4. FEI Number <b>65-1045600</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent <b>MECOZZI, HORACIO 5445 COLLINS AVE SUITE 1111 MIAMI, FL 33140</b>	
7. Name and Address of New Registered Agent Name <b>HORACIO MECOZZI</b> Street Address (P.O. Box Number is Not Acceptable) <b>5445 COLLINS AVE</b> <b>SUITE CUIY</b> City <b>MIAMI BEACH</b> FL Zip Code <b>33140</b>	

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 <b>4/6/04</b>

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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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 CUIY MIAMI, FL 33140 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MECOZZI, HORACIO 5445 COLLINS AVE SUITE CUIY 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 <b>4/6/04</b> DAYTIME PHONE # <b>305 978 7840</b>