


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

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

04-19-2004 90399 045 \*\*\*150.00

**DOCUMENT # P01000008536**

1. Entity Name  
**GIANT HOLDINGS, INC.**



Principal Place of Business  
**6300 NE 1 AVE, STE 300  
 FT LAUDERDALE, FL 33334**

Mailing Address  
**6300 NE 1 AVE, STE 300  
 FT LAUDERDALE, FL 33334**

**44030506**



2. Principal Place of Business  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

04132004 Chg-P CR2E034 (10/03)

City & State

Zip Country

4. FEI Number  
**65-1072857**

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent

**LA CARIA, PERRY A CEO  
 % GIANT HOLDINGS INC  
 6300 N E 1 AVE SUITE 300  
 FORT LAUDERDALE, FL 33334**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

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 \_\_\_\_\_  
Signature, typed or printed name 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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>C</b> <b>ROSCHMAN, JEFFREY S</b> <b>2511 DEL LAGO DRIVE</b> <b>FORT LAUDERDALE, FL 33316</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD</b> <b>LA CARIA, PERRY A</b> <b>3030 ANDREWS PLACE</b> <b>BOCA RATON, FL 33434</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD</b> <b>ROSCHMAN, ROBERT J</b> <b>1759 S E 10TH STREET</b> <b>FORT LAUDERDALE, FL 33316</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>ANDERSON, PAUL</b> <b>2108 N E 18TH AVE</b> <b>FORT LAUDERDALE, FL 33305</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>HAGENBUCKLE, STEVEN</b> <b>1549 HEIGHTS COURT</b> <b>MARCO ISLAND, FL 34145</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>HERTZMAN, ALLEN</b> <b>4218 SHELBYVILLE ROAD</b> <b>LOUISVILLE, KY 40207</b>	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: Russell C. Conrad **RUSSELL C. CONRAD** 4/13/04 (954)958-0021  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #