2005 FOR PROFIT CORPORATION **ANNUAL REPORT**

FILED Jan 07, 2005 8:00 am Secretary of State

NAME HAGENBUCKLE, STEVEN NAME STREET ADDRESS 1549 HEIGHTS COURT STREET ADDRESS CITY-ST-ZIP MARCO ISLAND, FL 34145 CITY-ST-ZIP	DOCUMENT # P0100008536 1. Entity Name GIANT HOLDINGS, INC.						01-07-2005 90017 004 ***150.00						
6300 NE 1 AVE. STE 300 FT LAIDERDALE, FL 33334 2. Principal Place of Business Sulfe, Apt. F. etc. D1032005 Chg. P. CR2E934 (10/03) City & State City & City & State City & Stat	Principal Place of Business Mailing Address							400 0	10021				
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S. Cardinate d'Status Desired Fee Required LA CARIA, PERRY A CEO	City & State		City & State				857			<u> </u>			
LA CARIA, PERRY A CEO % GIANT HOLDINGS INC 6300 N E 1 AVE SUITE 300 FORT LAUDERDALE, FL 33334 City FL Zip Code 8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE SIGNATURE FILE NOWI!! FEE IS \$150.00 After May 1, 2005 Fee, will be \$550.00 OFFICERS AND DIRECTORS 11. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE C C C C C C C C C C C C C C C C C C C	Ziρ	Country	Zip _	Count	try		5. Certificate o	Status Desired					
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Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code 6. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or							Name .						
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B. 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 SIGNATURE Signature, norm or or need some or regulated agent and tole 4 applicable. (NOTE Registered Agent signature required men readstand) DATE													
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Intereoy certify that the information supplied with this tilling does not quality for the exemption stated in Section 1.19.07(3)(i), Florida Statutes. 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 eath; 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.

RUSSELL C. CONRAD

958-0021