


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 26, 2008 08:00 AM
Secretary of State

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
--	--

DO NOT WRITE IN THIS SPACE



02132008 No Chg-P CR2E034 (11/05)

4. FEI Number 65-1072857	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$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

DO NOT WRITE IN THIS SPACE

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, 2008 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	C ROSCHMAN, JEFFREY S 2511 DEL LAGO DRIVE FORT LAUDERDALE, FL 33316
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LA CARIA, PERRY A 3030 ANDREWS PLACE BOCA RATON, FL 33434
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JENNINGS, DOUGLAS H 2358 RIVERSIDE AVE #601 JACKSONVILLE, FL 32204
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HAGENBUCKLE, STEVEN 1549 HEIGHTS COURT MARCO ISLAND, FL 34145
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HERTZMAN, ALLEN 4218 SHELBYVILLE ROAD LOUISVILLE, KY 40207
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD CONRAD, RUSSELL C 5400 NE 19TH AVENUE FORT LAUDERDALE, FL 33308

U00000869713
04/09/08-80061-012 150.00

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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.

SIGNATURE: Russell C. Conrad RUSSELL C. CONRAD 3/18/08 954-958-0021
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #