

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 27, 2008 8:00 am
Secretary of State

03-27-2008 90026 035 ***150.00

DOCUMENT # P01000048348

1. Entity Name

GIANNI'S TRANSPORT, INC.



Principal Place of Business

P.O. BOX 1232
OCOEE FL 34761

Mailing Address

P.O. BOX 1232
OCOEE FL 34761



2. Principal Place of Business - No P.O. Box #

500 LF Roper Pkwy

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/07)

City & State

Ocoee, FL

City & State

4. FEI Number

59-3717729

Applied For

Not Applicable

Zip

34761

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BAGHERI, GIANNI
1332 CALATHEA DR.
ORLANDO FL 32818-5748

7. Name and Address of New Registered Agent

Name

HOMAYUN KHALILIAN

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

500 LF Roper Pkwy

City

Ocoee

FL

Zip Code
34761

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

Homayun Khalilian

3/14/08

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2008 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D ☐ Delete
NAME KHALILIAN, HOMAYUN
STREET ADDRESS 1281 DEAR LAKE CIRCLE
CITY-ST-ZIP APOPKA FL 32712

TITLE D ☒ Delete
NAME BAGHERI, GIANNI
STREET ADDRESS 1332 CALATHEA DR.
CITY-ST-ZIP ORLANDO FL 32818-5748

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D/P/S/T ☒ Change ☐ Addition
NAME HOMAYUN KHALILIAN
STREET ADDRESS 500 LF Roper Pkwy
CITY-ST-ZIP Ocoee, FL 34761

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

Homayun Khalilian

Homayun Khalilian President 321-229-7386

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone