


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 11, 2004 8:00 am
Secretary of State

03-11-2004 90015 047 ***150.00

DOCUMENT # P01000064935	
1. Entity Name GIORDANO ENTERPRISES INTERNATIONAL, INC.	

Principal Place of Business 12210 NW 8 ST MIAMI, FL	Mailing Address 7802 KINGSPONTE PKWY 207B ORLANDO, FL 32819
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J4027504

2. Principal Place of Business 9150 N.W. 40th Pl.	3. Mailing Address 9150 N.W. 40th Pl.
Suite, Apt. #, etc.	Suite, Apt. #, etc.

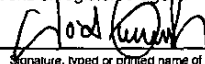


03032004 Chg-P CR2E034 (10/03)

City & State Sunrise FL	City & State Sunrise FL	4. FEI Number 65-1137791	Applied For <input type="checkbox"/> Not Applicable
Zip 33351	Country USA	Zip 33351	Country USA
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			

6. Name and Address of Current Registered Agent JAO SERVICES INC 7802 KINGSPONTE PARKWAY STE 207-B ORLANDO, FL 32819		7. Name and Address of New Registered Agent Name Jose Giordano Street Address (P.O. Box Number is Not Acceptable) 9150 N.W. 40th Place City Sunrise FL Zip Code 33351	
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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.

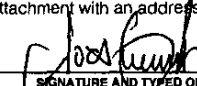
SIGNATURE  DATE **03/09-2004**

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. <input type="checkbox"/> \$5.00 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	D GIORDANO, JOSE 555 NE 15 ST, APT 35A MIAMI, FL 33132 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Jose Giordano 9150 N.W. 40th Place Sunrise, FL 33351 <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
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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 **03/09-04** DAYTIME PHONE # **954-394-6267**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR