

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

01-26-2004 90002 011 ***308.75
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STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 03-04



MOORE CR2E034 (11/03)

DOCUMENT # P01000083711

1. Entity Name
GIOVANNIA DESIGN, INC.



Principal Place of Business
**300 N.W. 36TH COURT
BOCA RATON FL 33431**

Mailing Address
**300 N.W. 36TH COURT
BOCA RATON FL 33431**

2. Principal Place of Business
**1299 S. OCEAN BLVD
Suite, Apt. #, etc. T-2
City & State BOCA RATON FL
Zip 33432 Country USA**

3. Mailing Address
**SAME
Suite, Apt. #, etc.
City & State
Zip Country**

4. FEI Number **65-1135041**

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent
**MOMBACH, GEOFFREY S
500 EAST BROWARD BLVD., SUITE 1950
FORT LAUDERDALE FL 33394**

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 **01/20/04**

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
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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PALONI, CHRISTINE G 300 N.W. 36TH COURT BOCA RATON FL 33431 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PALONI, CHRISTINE 1299 S. OCEAN BLVD. T-2 BOCA RATON FL 33432 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	M WOLF, ERIC 5801 N CONGRESS AVENUE BOCA RATON FL 33487 <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 **01/20/04** **859-1891**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Attachment
Doc # 01000083711

54000444

To whom it may concern,

Enclosed are both last year and this years renewal. I made the address change last year but never received the renewal till I called two weeks again. They sent me out a new one and told me to enclose a letter stating I never received the form, so you will wave the late fee. Please expect this as a plead to wave the fee.

Respectfully yours,
Christine Paloni
561-859-1891