Sent By: RIO SMIDHUM & MANLEY; 813 877 1050; Apr

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May 05, 2004 8:00 am
Secretary of State
05-05-2004 90195 040 ***150.00

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P01000087087

1. Entity Name
CIARCIA & GUDINO, INC.

64070710

Principal Place of Business	Mailing Address
892 ADDISON DR NE ST PETERSBURG, FL 33716	PO BOX 21584 ST PETERSBURG, FL 33742

04282004 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
524 Black Lion Dr	
Suite, Apt. #, etc.	Suite, Apt #, etc.
City & State: St. Petersburg	City & State
Zip: Fl Country: 33716	Zip / Country

4. FEI Number: 59-3742253 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI, FL 33145

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 ______________________
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00

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	PTD CIARCIA, MARIO 892 ADDISON DR NE SAINT PETERSBURG, FL 33716	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD Ciarcia Mario 524 Black Lion Dr. N.E St. Petersburg, Fl 33716	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD GUDINO, THAIS 892 ADDISON DR NE SAINT PETERSBURG, FL 33716	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD Gudino, Thais 524 Black Lion Dr NE St. Petersburg, Fl 33716	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ 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: Ricardo Gudino 04/28/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #