

Sent By: RIO SMIDHUM & MANLEY;

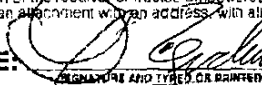
813 877 1050;

Apr

FILED
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.			
Principal Place of Business 992 ADDISON DR NE ST PETERSBURG, FL 33716		Mailing Address PO BOX 21584 ST PETERSBURG, FL 33742	
2. Principal Place of Business 524 BLACK LION DR		3. Mailing Address	
State, Apt. #, etc.		State, 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		Name	
Street Address (P.O. Box Number is Not Acceptable)		Street Address (P.O. Box Number is Not Acceptable)	
City		City	
FL		FL	
Zip Code		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 state if applicable (NOTE: Registered Agent signature is required when renewing)			
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-STATE-ZIP	PTD CIARCIA MARIO 992 ADDISON DR NE SAINT PETERSBURG, FL 33716 ☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	PTD CIARCIA MARIO 524 BLACK LION DR. NE ST. PETERSBURG, FL 33716 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	VSD GUDINO, THAIS 992 ADDISON DR NE SAINT PETERSBURG, FL 33716 ☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	VSD GUDINO, THAIS 524 BLACK LION DR NE ST. PETERSBURG, FL 33716 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-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)(b), 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 507, Florida Statutes; and that my name appears in Block 10 or Block 11. If changed, or on an attachment with an address, with all of the like empowered.			
SIGNATURE: 		05/28/04 -	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	

49070710



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