

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 23, 2005 8:00 am
Secretary of State

04-25-2005 90239 038 ***150.00

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1st MOORE CR2E034 (10/04)

DOCUMENT # P01000087087					
1. Entity Name CIARCIA & GUDINO, INC.					
Principal Place of Business 524 BLACK LION DRIVE ST PETERSBURG FL 33716			Mailing Address PO BOX 21584 ST PETERSBURG FL 33742		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	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				7. Name and Address of New Registered Agent	
SPIEGEL & UTRERA, P.A. 1840 SW 22ND ST. 4TH FLOOR MIAMI FL 33145				Name RICHARD GUDINO	
				Street Address (P.O. Box Number is Not Acceptable)	
				PO BOX 21584	
				City ST PETERSBURG FL Zip Code 33742	
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 04/17/05	
(NOTE: Registered Agent signature required when reappointing)					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 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	PTD	☐ Delete	TITLE	☐ Change ☐ Addition	
NAME	CIARCIA, MARIO		NAME		
STREET ADDRESS	524 BLACK LION DRIVE NE		STREET ADDRESS		
CITY-ST-ZIP	SAINT PETERSBURG FL 33716		CITY-ST-ZIP		
TITLE	VSD	☐ Delete	TITLE	☐ Change ☐ Addition	
NAME	GUDINO, THAIS		NAME		
STREET ADDRESS	524 BLACK LION DRIVE NE		STREET ADDRESS		
CITY-ST-ZIP	SAINT PETERSBURG FL 33716		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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 04/17/05 (727) 570 4108	
SIGNATURE AND SIGNED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					