

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 04, 2004 8:00 am
Secretary of State

02-04-2004 90041 006 ***150.00

DOCUMENT # P01000105788					
1. Entity Name GIGLIO ENTERPRISES, INC.					
Principal Place of Business 8325-93RD AVENUE VERO BEACH, FL 32967			Mailing Address 8325-93RD AVENUE VERO BEACH, FL 32967		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc. 8345 93 rd AVE		Suite, Apt. #, etc.			
City & State VERO BEACH FL		City & State			
Zip 32967		Country FLORIDA		Zip 32967	
4. FEI Number 59-3758764					
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required					
6. Name and Address of Current Registered Agent GIGLIO, GAETANO 8325-93RD AVENUE VERO BEACH, FL 32967			7. Name and Address of New Registered Agent Name: <u>CARMELO GIGLIO</u> Street Address (P.O. Box Number is Not Acceptable): 8345 93 rd AVE City: <u>VERO BEACH</u> FL Zip Code: <u>32967</u>		
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: <u>[Signature]</u> x <u>1/30/04</u> DATE					
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		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD GIGLIO, GAETANO 8325-93RD AVENUE VERO BEACH, FL 32967	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD GIGLIO, CARMELO 8325-93RD AVENUE VERO BEACH, FL 32967	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD GIGLIO, ANNA MARIA 8325-93RD AVENUE VERO BEACH, FL 32967	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
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 an other like empowered.					
SIGNATURE: <u>[Signature]</u> x <u>1/30/04</u> x <u>561-856-1930</u>					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					