


FILED
Aug 20, 2004 8:00 am
Secretary of State

08-09-2004 90016 014 ***558.75

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P02000013065			
1. Entity Name GIUSTINI INVESTMENTS, INC.			
Principal Place of Business 900 SIXTH AVE S STE 203 NAPLES, FL 34102		Mailing Address 900 SIXTH AVE S STE 203 NAPLES, FL 34102	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent SCHEWIKHARDT, WILLIAM 900 SIXTH AVE S STE 203 NAPLES, FL 34102		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature is required when reappointing)</small>			
FILE NOW!!! FEE IS \$550.00 Due by September 8, 2004.		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	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GIUSTINI, ROBERT	NAME	
STREET ADDRESS	5250 BOUL DECARIE 7E ETAGE	STREET ADDRESS	
CITY - ST - ZIP	MONTREAL, QUEBEC, CANADA.	CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: _____		AUGUST 13/04	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>	

66432327



07122004 Chg-P CR2E034 (10/03)

4 ECI Number 57-1179968 Applied For Not Applicable

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

ATTACHMENT

66432327

The Schweikhardt Law Firm, P.A.

Benjamin T. Jepson
Katherine Ann Schweikhardt
William Schweikhardt

900 Sixth Avenue, South
Naples, FL 34102
(239) 262-2227
Facsimile (239) 262-8287

August 18, 2004

Division of Corporations
P.O. Box 1500
Tallahassee, FL 32302-1500

Reference Number: P02000013065

~~Subject: Giustini Investments, Inc.~~

Gentlemen:

Enclosed are the following documents:

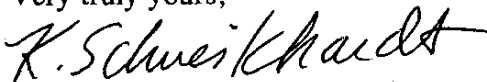
1. 2004 For Profit Corporation Annual Report with FEI number; and
2. Letter dated August 12, 2004.

Please file the enclosed report for GIUSTINI INVESTMENTS, INC.

If you have any questions or concerns, please feel free to call me.

Kindest regards.

Very truly yours,



Katherine Ann Schweikhardt