2007 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P02000013065

1. Entity Name
GIUSTINI INVESTMENTS, INC.

Principal Place of Business	Mailing Address
900 SIXTH AVE S STE 203	900 SIXTH AVE S STE 203
NAPLES, FL 34102	NAPLES, FL 34102

DO NOT WRITE IN THIS SPACE

02122007   No Chg-P   CR2E034 (11/05)

4. FEI Number		Applied For
57-1179968		Not Applicable

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

6. Name and Address of Current Registered Agent

SCHEWIKHARDT, WILLIAM
900 SIXTH AVE S STE 203
NAPLES, FL 34102

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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, 2007 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

U00000656467
03/14/07-80026-011 150.00

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	GIUSTINI, ROBERT
STREET ADDRESS	5250 BOUL DECARIE 7E ETAGE
CITY-ST-ZIP	MONTREAL,QUEBEC,CANADA,

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
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TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: _____   FEB 21/07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #