

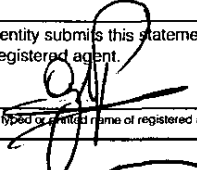
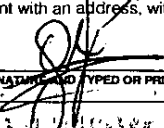


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 11, 2004 8:00 am
Secretary of State

03-11-2004 90013 038 ***158.75

DOCUMENT # P02000051534					
1. Entity Name GIARDINETTO, CORP.					
Principal Place of Business 17500 NW 67 CT. APT. 198 MIAMI, FL 33015			Mailing Address 17500 NW 67 CT. APT. 198 MIAMI, FL 33015		
2. Principal Place of Business 5101 GLENMOOR DRIVE Apt. #, etc. APT 5101 City & State WEST PALM BEACH Zip 33409		3. Mailing Address 5101 GLENMOOR DRIVE Apt. #, etc. APT 5101 City & State WEST PALM BEACH Zip 33409			
4. FEI Number 03-0442880				Applied For Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required				03092004 Chg-P CR2E034 (10/03)	
6. Name and Address of Current Registered Agent NEINER, NORMA G 17500 NW 67 CT. MIAMI, FL 33015			7. Name and Address of New Registered Agent Name NEINER, NORMA G Street Address (P.O. Box Number is Not Acceptable) 5101 GLENMOOR DRIVE City WEST PALM BEACH FL Zip Code 33409		
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 03-09-04	
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 D NAME NEINER, NORAM G STREET ADDRESS 17520 NW 67 ST. APT P CITY-ST-ZIP MIAMI, FL 33015	<input checked="" type="checkbox"/> Delete		TITLE NEINER, NORMA G NAME STREET ADDRESS 5101 GLENMOOR DRIVE CITY-ST-ZIP WEST PALM BEACH, FL 33409	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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 03-09-04	

300+ LOGS BEGAIN COLLECTED