

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000135027

Entity Name: GHIBLI INC.

FILED  
Jan 22, 2004  
Secretary of State

## Current Principal Place of Business:

11181 HEALTH PARK BLVD SUITE 3030  
NAPLES, FL 34110

## New Principal Place of Business:

## Current Mailing Address:

11181 HEALTH PARK BLVD SUITE 3030  
NAPLES, FL 34110

## New Mailing Address:

FEI Number: 51-0439349

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

NRAI SERVICES, INC.  
526 EAST PARK AVE  
TALLAHASSEE, FL 32301 US

## Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: BOEMI, LUCIANO  
Address: 11181 HEALTH PARK BLVD SUITE 3030  
City-St-Zip: NAPLES, FL 34110

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: DVP ( ) Change (X) Addition  
Name: BOEMI, CASSIE J  
Address: 11181 HEALTH PARK BLVD #3030  
City-St-Zip: NAPLES, FL 34110

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CASSIE BOEMI

DVP

01/22/2004

Electronic Signature of Signing Officer or Director

Date