

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000135027

Entity Name: GHIBLI INC.

FILED
Jan 13, 2005
Secretary of State

Current Principal Place of Business:

11181 HEALTH PARK BLVD SUITE 3030
NAPLES, FL 34110

New Principal Place of Business:

1009 CROSSPOINTE DR. #1
NAPLES, FL 34110

Current Mailing Address:

11181 HEALTH PARK BLVD SUITE 3030
NAPLES, FL 34110

New Mailing Address:

1009 CROSSPOINTE DR. #1
NAPLES, FL 34110

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: BOEMI, LUCIANO
Address: 1009 CROSSPOINTE DR. #1
City-St-Zip: NAPLES, FL 34110

Title: DVP (X) Change () Addition
Name: BOEMI, CASSIE J
Address: 1009 CROSSPOINTE DR. #1
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

01/13/2005

Electronic Signature of Signing Officer or Director

Date