

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90454 042 ***150.00

DOCUMENT # P03000002452

1. Entity Name
GIOVE INVESTMENTS, INC.



Principal Place of Business
**888 BRICKELL AVE 5TH FL
MIAMI, FL 33131**

Mailing Address
**888 BRICKELL AVE 5TH FL
MIAMI, FL 33131**



01132005 No Chg-P CR2E034 (10/03)

4. FEI Number
65-1210480

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**SAEZ, PEDRO P
888 BRICKELL AVE 5TH FL
MIAMI, FL 33131**

**DO NOT WRITE
IN THIS SPACE**

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, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	CONIGLIO, PAOLO
STREET ADDRESS	888 BRICKELL AVE 5TH FL
CITY-ST-ZIP	MIAMI, FL 33131
TITLE	D
NAME	GIRREDIR, PILAR
STREET ADDRESS	888 BRICKELL AVE 5TH FL
CITY-ST-ZIP	MIAMI, FL 33131
TITLE	D
NAME	CORREDOO, PILAR
STREET ADDRESS	301 W SAN MARINO DRIVE
CITY-ST-ZIP	MIAMI BEACH, FL 33139
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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: *PILAR CORREDOO* **PILAR CORREDOO**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/08/05

Date

Daytime Phone #