


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 02, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P03000012560</b> 1. Entity Name GILARDONI, INC.	
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Principal Place of Business 7715 HARDING AVE. 9 MIAMI BEACH, FL 33141	Mailing Address 7715 HARDING AVE. 9 MIAMI BEACH, FL 33141
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02182005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 56-2323327	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	

**6. Name and Address of Current Registered Agent**

GILARDONI, JAVIER  
9101 COLLINS AVE. #101  
SURFSIDE, FL 33154

**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

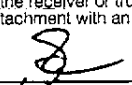
**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY - ST - ZIP	P GILARDONI, JAVIER 7715 HARDING AVE. MIAMI BEACH, FL 33141
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V LEMA, NANCY 9101 COLLINS AVE. #101 SURFSIDE, FL 33154
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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03/02/05-80051-007 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:**   
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 2/22/05 Daytime Phone # \_\_\_\_\_