


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 16, 2007 8:00 am
Secretary of State

07-16-2007 90130 008 ***150.00

DOCUMENT # P03000012560 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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DO NOT WRITE IN THIS SPACE

40125493



07092007 No Chg-P CR2E034 (11/05)

4. FEI Number 56-2323327	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 Due by September 14, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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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
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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 exemptions contained in Chapter 119, 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:  **7/9/07**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #