

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 26, 2008 8:00 am
Secretary of State

03-26-2008 90029 036 ***150.00

DOCUMENT # P03000063757

1. Entity Name
GIUSEPPE RUSSO INC.



Principal Place of Business
777 NW 72 AVE #1AA 48 A
MIAMI, FL 33126

Mailing Address
777 NW 72 AVE #1AA 48 A
MIAMI, FL 33126

00001010

2. Principal Place of Business - No P.O. Box #
1351 SW 23 ST
Suite, Apt. #, etc.

3. Mailing Address
1351 SW 23 ST
Suite, Apt. #, etc.



03232008 Chg-P CR2E034 (12/06)

City & State
MIAMI FL
Zip 33145 County DADE

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MIAMI FL
Zip 33145 County DADE

4. FEI Number
04-3762769
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

RUSSO, GIUSEPPE
777 NW 72 AVE #1AA 48 A
MIAMI, FL 33126

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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, 2008 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
DPVS
RUSSO, GIUSEPPE
777 NW 72 AVE #1AA 48 A
MIAMI, FL 33126 ☐ Delete

TITLE
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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
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CITY-ST-ZIP
☐ Change ☐ Addition

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☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/24/08

Date

7862229153

Daytime Phone #