

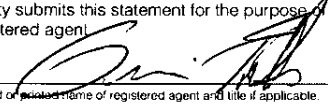
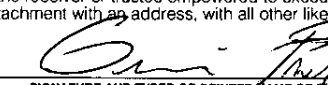


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 90726 044 ***158.75

DOCUMENT # P03000085927 1. Entity Name GIOVERA REALTY, INC.					
Principal Place of Business 1450 BRICKELL BAY DRIVE, UNIT 1406 MIAMI, FL 33131			Mailing Address 1450 BRICKELL BAY DRIVE, UNIT 1406 MIAMI, FL 33131		
2. Principal Place of Business 5201 Blue Lagoon Drive Suite, Apt. #, etc. Penthouse		3. Mailing Address 5201 Blue Lagoon Drive Suite, Apt. #, etc. Penthouse			
City & State Miami, FL		City & State Miami, FL		4. FEI Number 33-1067117	
Zip 33126		Country U.S.A.		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent FREITAS, GIOVANNI 1450 BRICKELL BAY DRIVE, UNIT 1406 MIAMI, FL 33131				7. Name and Address of New Registered Agent Name Giovanni Freitas Street Address (P.O. Box Number is Not Acceptable) 908 NW 135th Court City Miami FL Zip Code 33182	
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  DATE 04/28/04 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE P	NAME FREITAS, GIOVANNI			<input type="checkbox"/> Delete	
STREET ADDRESS 1450 BRICKELL BAY DRIVE, UNIT 1406	CITY - ST - ZIP MIAMI, FL 33131			<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE P	NAME Giovanni Freitas			<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 908 NW 135th Court	CITY - ST - ZIP Miami, FL 33126			<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE P	NAME Giovanni Freitas			<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 908 NW 135th Court	CITY - ST - ZIP Miami, FL 33126			<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE P	NAME Giovanni Freitas			<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 908 NW 135th Court	CITY - ST - ZIP Miami, FL 33126			<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE P	NAME Giovanni Freitas			<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 908 NW 135th Court	CITY - ST - ZIP Miami, FL 33126			<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: 				DATE: 04/28/04 DAYTIME PHONE: 305-491-0590	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				<small>DATE DAYTIME PHONE #</small>	