

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P03000098128

1. Entity Name
DOMINICK GIAMPETRO, INC.



Principal Place of Business
5501 BABCOCK STREET
PALM BAY, FL 32907

Mailing Address
5501 BABCOCK STREET
PALM BAY, FL 32907

2. Principal Place of Business
1090 Castile Road
Suite, Apt. #, etc.

3. Mailing Address
1090 Castile Road
Suite, Apt. #, etc.

City & State
Palm Bay, FL
Zip 32909 Country USA

City & State
Palm Bay, FL
Zip 32909 Country USA

04132004 Chg-P CR2E034 (10/03)

4. FEI Number 20-0211918	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

7. Name and Address of New Registered Agent

ALRON ENTERPRISES, INC.
390 NARRAGANSETT ST NE
PALM BAY, FL 32907

Name Dominick Giampetro

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

1090 Castile Road

City Palm Bay FL Zip Code 32909

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 Dominick Giampetro Dominic Giampetro Reg. Agent 4/13/04

Signature, typed or printed name of registered agent and true if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. \$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D Delete
NAME GIAMPETRO, DOMINICK
STREET ADDRESS 5501 BABCOCK STREET
CITY-ST-ZIP PALM BAY, FL 32907

TITLE DIP/SIT Change Addition
NAME Giampetro, Dominick
STREET ADDRESS 1090 Castile Road
CITY-ST-ZIP Palm Bay FL 32909

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

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

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

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

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

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

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

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

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

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: Dominick Giampetro Dominic Giampetro Pres. 4/13/04 302-4202
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #