2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # P03000110540

1. Entity Name

SIGNATURE:

G. LOMBARDI INVESTMENTS CORPORATION



FILED Feb 25, 2008 08:00 AM Secretary of State

Onythie Phone #

| | | | | | - | | | | | | | |
|--|--|-------------------------------|--|-----------------|----------------------|--|---------------------------------|----------------------------------|-------------------|---|------------------------------|--|
| Principal Plac | e of Business | | Mailing Address | Mailing Address | | | | | | | | |
| 150 BRADLEY PLACE #903 PALM BEACH FL 33480 US | | | 150 BRADLEY PLACE #903 PALM BEACH FL 33480 US | | | | | | | | | |
| 2. Principal Place of Business - No P.O. Box # | | | 3. Mailing Address | | | | | 511) 55161 11561 1151 | , 46165 51111 5 | 15/1 38/14 | | |
| Suite, Apt. #, etc. | | | Suite, Apt #, etc. | | | 15 | 1st MOORE CR2E034 (10/07) | | | | | |
| City & State | | | City & State | | | 4. FEI Numb | 4. FEI Number 11-3708586 | | | | ilied For Applicable | |
| Zip Country | | | Zıp | Country | | 5. Certificate | of Status Desired | 1 🔲 | \$8.75 Fee Rec | | ional | |
| | 6. Name and A | ddress of Curren | t Registered Agent | | | 7. Name and | Address of New | Registered | Agent | *************************************** | | |
| | | | | | Name | | | | | | | |
| 121 | IARCIK, JOSE 1 THE PLAZA GER ISLAND F | | | | | Street Address (P.O. Box Number is Not Acceptable) | | | | | | |
| Silve | GEN ISLAND I | L 33404 | | | City | <u> </u> | | | Zip | Code | | |
| | | | | | | | | FI | - ` | | | |
| 8. The above the obligat | tions of registered a | its this statement f gent. | or the purpose of changing it | s register | ed office or reg | gistered agent, or co | itn, in the State of | Florida, I an | ı familiar v | with, a | nd accept | |
| Old Wilding | Signature, typed or printed | havina ot regislered agen | tand the Tuppicacie (NO | TE Registere | a Agent signature re | equired when reinstating) | | DATE | | | | |
| After | ILE NOW!!!, FEI May 1, 2008 Fee k Payable to Flori | Will Be \$550.0 | 0 [12] [12] | • | | | 9. Election Cam Trust Fund C | | | | 0 May Be I to Fees | |
| 10. | Ca Millio pilatti (Pilattia Casta It) | OFFICERS AND | D DIRECTORS | 11, | *************** | ADDITIONS | /CHANGES TO O | FEICERS AN | D DIREC | TORS | IN 11 | |
| TITLE | D | | ☐ Delete | TITL | : | | 101 | , | ☐ Chai | | ☐ Addition | |
| NAME | LOMBARDI, GUIL | 00 | | NAM | | | | | | ngo | | |
| STREET ADDRESS | 150 BRADLEY PL | | | | EFT ADDRESS | | | | | | | |
| CITY - ST - ZID | PALM BEACH FL | . 33480 | | CITY | -ST-7IP | | | | | | | |
| TITLE | | | ☐ Derele | TITL | E | | | | Chai | nae | Addition | |
| NAME | | | | NAM | E | | Handani | 200000 | | | | |
| STREFT ADDRESS | | | STREET A | | ET ADDRESS | 000000835896 02/29/08-80052-018 | | | 18 150 | n no | 1 | |
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| name Street address | | | | МАИ | E ET ADDRESS | | | | | | | |
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12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Section 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 mistee 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 addless, with all other like empowered.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR BIRECTOR