

DOCUMENT # P040000244931. Entity Name
GIGGY'S FLOORING, INC.

FILED
Jul 13, 2005 8:00 am
Secretary of State

07-13-2005 90020 049 ***150.00

Principal Place of Business Mailing Address
 810 8TH ST #42 810 8TH ST #42
 VERO BCH, FL 32962 VERO BCH, FL 32962

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

07062005 Chg-P CR2E034 (10/03)

City & State

City & State

4. FEI Number

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GALLO, GREGORY
 810 8TH ST #42
 VERO BCH, FL 32962

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

Signatures, types or printed names of registered agent and filer, if applicable.

(NOTE: Registered Agent signatures required when resigning)

DATE

FILE NOW!!! FEE IS \$150.00
Due by September 7, 2005

8. Election Campaign Financing
Trust Fund Contribution. ☐**\$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.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE O ☐ Delete
 NAME GALLO, GREGORY
 STREET ADDRESS 810 8TH ST #42
 CITY-ST-ZIP VERO BCH, FL 32962

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

TITLE V ☒ Delete
 NAME GALLO, BRANDON
 STREET ADDRESS 935 6TH ST
 CITY-ST-ZIP VERO BCH, FL 32962

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

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 507, 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:

Gregory Gallo GREGORY GALLO
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/16/05 772-978-9007
 DAYTIME PHONE #