

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 18, 2005 8:00 am**  
**Secretary of State**

02-18-2005 90051 017 \*\*\*150.00

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<b>DOCUMENT # P04000031920</b> 1. Entity Name <b>GARIBALDI ENTERPRISES INC.</b>					
Principal Place of Business <b>4907 CARDER RD UNIT 4 ORLANDO, FL 32810</b>			Mailing Address <b>4907 CARDER RD UNIT 4 ORLANDO, FL 32810</b>		
2. Principal Place of Business <b>5388 47<sup>th</sup> Ave, N</b>		3. Mailing Address Suite, Apt. #, etc.			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State <b>St. Pete FL</b>		City & State		4. -FEI Number <b>20-D804051</b>	
Zip <b>33709</b>		Country <b>U.S</b>		Applied For Not Applicable	
Zip <b>33709</b>		Country <b>U.S</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>SPIEGEL &amp; UTRERA, P.A. 1840 SW 22ND ST. 4TH FLOOR MIAMI, FL 33145</b>				7. Name and Address of New Registered Agent Name <b>Miguel Garibaldi</b> Street Address (P.O. Box Number is Not Acceptable) <b>4907 Carder Rd, Unit 4</b> City <b>Orlando</b> <b>FL</b> Zip Code <b>32810</b>	
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 <u><i>[Signature]</i></u> <b>Miguel Garibaldi</b> <u>2/14/05</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PSTD GARIBALDI, MIGUEL A 4907 CARDER RD UNIT 4 ORLANDO, FL 32810</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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.					
<b>SIGNATURE:</b> <u><i>[Signature]</i></u> <b>Miguel Garibaldi</b> <u>2/14/05</u> <b>813-478-0733</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					