


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 11, 2007 8:00 am
Secretary of State

05-11-2007 90032 045 ***150.00

DOCUMENT # P04000040796

1. Entity Name
GIRASSOLES CORP.



Principal Place of Business Mailing Address

5757 COLLINS AVENUE #1404 **5757 COLLINS AVENUE #1404**
MIAMI BEACH, FL 33140 **MIAMI BEACH, FL 33140**

40111110

2. Principal Place of Business - No P.O. Box # 3. Mailing Address

6944 COLLINS AVE **6944 COLLINS AVE**
 Suite, Apt. #, etc. Suite, Apt. #, etc.
6 **# 6**



City & State City & State

MIAMI BEACH FLA **MIAMI BEACH FLA**

02052007 Chg-P CR2E034 (12/06)

4. FEI Number Applied For

20-1429463 Not Applicable

Zip Country Zip Country

33144 **USA** **33144** **USA**

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

6. Name and Address of Current Registered Agent

VARA, VIRGILIO
5757 COLLINS AVENUE #1404
MIAMI BEACH, FL 33140

7. Name and Address of New Registered Agent

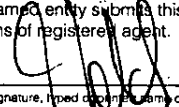
Name **BORIS I DOLIC**

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

6944 COLLINS AVE # 6

City **MIAMI BEACH** FL Zip Code **33144**

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: **2-12-07**

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 fee will be \$550.00

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

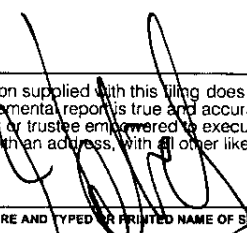
10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	DOLIC, BORIS I	
STREET ADDRESS	9200 E BAY HARBOR DRIVE APT 10	
CITY-ST-ZIP	BAY HARBOR ISLANDS, FL 33154	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	GOMEZ BRAVO, LUZ P	
STREET ADDRESS	9200 E BAY HARBOR DRIVE	
CITY-ST-ZIP	BAY HARBOR ISLANDS, FL 33154	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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 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:  **Boris Ivan Dolic** Date: **2-12-07** Daytime Phone #

305-864-4388