2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 05, 2005 8:00 am
Secretary of State
04-28-2005 90225 033 ***150.00

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DOCUMENT # P04000074696

1. Entity Name
GIRALDO CORPORATION

Principal Place of Business	Mailing Address
2521 LICOLN STREET STE 117 HOLLYWOOD, FL 33020	2521 LICOLN STREET STE 117 HOLLYWOOD, FL 33020

02282005 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
2521 LINCOLN ST.	2521 LINCOLN ST
Suite, Apt. #, etc. 117	Suite, Apt. #, etc. 117
City & State HOLLYWOOD FLORIDA	City & State HOLLYWOOD FLORIDA
Zip 33020 Country USA	Zip 33020 Country USA

4. FEI Number
X20-1119539
☐ 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
GIRALDO, FABIO A 2521 LINCOLN STREET STE 117 HOLLYWOOD, FL 33020	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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2005 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 NAME STREET ADDRESS CITY-ST-ZIP	P GIRALDO, FABIO A 2521 LINCOLN STREET STE 117 HOLLYWOOD, FL 33020	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V ROSA LLAMAS, MARIA 2521 LINCOLN STREET STE 117 HOLLYWOOD, FL 33020	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S GIRALDO, DIEGO A 2521 LINCOLN STREET STE 117 HOLLYWOOD, FL 33020	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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.

SIGNATURE: _____ 2/28/05 (954) 701-1627
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #