

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000129277

Entity Name: DUIGI TRANSPORT, INC

FILED  
Aug 10, 2005  
Secretary of State

## Current Principal Place of Business:

20831 NW 2ND STREET  
PEMBROKE PINES, FL 33029

## New Principal Place of Business:

2708 NE 2 ST  
CAPE CORAL, FL 33909

## Current Mailing Address:

20831 NW 2ND STREET  
PEMBROKE PINES, FL 33029

## New Mailing Address:

2708 NE 2 ST  
CAPE CORAL, FL 33909

FEI Number: 20-1622244

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

AICARDI, DUILIO  
20831 NW 2ND STREET  
PEMBROKE PINES, FL 33029 US

## Name and Address of New Registered Agent:

AICARDI, GISELLA  
2708 NE 2 ST  
CAPE CORAL, FL 33909 US

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.

SIGNATURE: GISELLA AICARDI

08/10/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: AICARDI, DUILIO  
Address: 20831 NW 2ND STREET  
City-St-Zip: MIAMI, FL 33029

Title: VP ( ) Delete  
Name: AICARDI, GISELLA  
Address: 20831 NW 2ND STREET  
City-St-Zip: PEMBROKE PINES, FL 33029

Title: S/T (X) Delete  
Name: AICARDI, DUILIO JR  
Address: 20831 NW 2ND STREET  
City-St-Zip: PEMBROKE PINES, FL 33029

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: AICARDI, GISELLA  
Address: 2708 NE 2 ST  
City-St-Zip: CAPE CORAL, FL 33909

Title: VP (X) Change ( ) Addition  
Name: AICARDI, DUILIO  
Address: 2708 NE 2 ST  
City-St-Zip: CAPE CORAL, FL 33909

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GISELLA AICARDI

P

08/10/2005

Electronic Signature of Signing Officer or Director

Date