


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 08, 2006 8:00 am**  
**Secretary of State**


05-08-2006 90298 001 \*\*\*158.75

<b>DOCUMENT # P04000133139</b>	
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1. Entity Name <b>GIANCOBELLA CORP.</b>
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Principal Place of Business <b>1691 ROYAL GROVE WAY WESTON, FL 33327 US</b>	Mailing Address <b>1691 ROYAL GROVE WAY WESTON, FL 33327 US</b>
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State
Zip Country	Zip Country



01152006 Chg-P CR2E034 (11/05)

4. FEI Number <b>20-1691875</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired ☒ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent <b>LEGALZOOM NEVADA, INC. 44 W. FLAGLER ST., SUITE 675 MIAMI, FL 33130</b>	7. Name and Address of New Registered Agent Name <b>Dario Comuzzi</b> Street Address (P.O. Box Number is Not Acceptable) <b>1691 Royal Grove Way</b> City <b>Weston</b> FL <b>33327</b>
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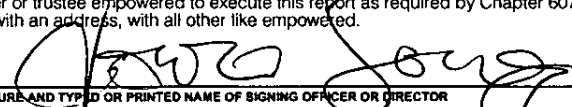
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **Dario Comuzzi, President** (NOTE: Registered Agent signature required when reinstating) DATE **4-15-06**

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2006 Fee will be \$550.00**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
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
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
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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 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:  DATE **4-1-06** DAYTIME PHONE # **954-217-2436**