2006 FOR PROFIT CORPORATION ANNUAL REPORT

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

DOCUMENT # P04000133139 1. Entity Name GIANCOBELLA CORP.				Secretary of State 05-08-2006 90298 001 ***158.75		
Principal Place of Business Mailing Address					1 · .	
1691 ROYAL GROVE WAY WESTON, FL 33327 US		Mailing Address 1691 ROYAL GROVE WAY WESTON, FL 33327 US		• .	· · · · · · · · · · · · · · · · · · ·	
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2. Principal P	tace of Business	3. Mailing Address				
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			01152006 Chg-P CR2E034 (11/05)	
City & State		City & State			4. FEI Number App	olied For Applicable
Zip	Country	Zip	p Count		5. Certificate of Status Desired \$8.75 Addit	tional
				r ·	Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent			
LEGALZOOM NEVADA, INC.				Dario Comuzzi		
44 W. FLAGLER ST.				Street Address (P.O.Box Number is Not Acceptable)		
SUITE 675 MIAMI, FL 33130					i Kidai Giore IV-	
INITIANI, FE 33130				City	. Zin Code	
4			Wes	ston FL 33333	4	
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 require) when (reinstatisty) DATE						
FILE NOWIII FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees						
10.	OFFICERS AND	····	11.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
TITLE NAME	55.005		TITLE NAMI		☐ Change .	☐ Addition
STREET ADDRESS	I		1	ET ADDRESS		
CITY-ST-ZIP	P WESTON, FL 33327		CITY	-ST-ZIP		
TITLE	☐ Delete TR		TITLE		☐ Change	☐ Addition
NAME			NAM	l		
STREET ADDRESS CITY-ST-ZIP	- ' I			ET ADDRESS -ST-ZIP		
TITLE			TITLE		Change	□ Addition
NAME	_ ******		NAM	1	Civilite	☐ Addition
STREET ADDRESS	ss s		STRE	ET ADDRESS		l
CITY-ST-ZIP	CI		CITY	-ST-ZIP		
TITLE			TITLE	1	☐ Change	☐ Addilion
NAME STREET ADDRESS			NAM	E Et address		
CITY-ST-ZIP				-ST-ZIP		
TITLE	Delete TITI		<u> </u>	Change	Addition	
NAME	NAM			t t		_
STREET ADDRESS				ET ADDRESS		
CITY-ST-ZIP			-	-ST-ZIP	_ 	
TITLE NAME	Delete ITI				Change	☐ Addition
STREET ADDRESS				ET ADDRESS		
CITY-ST-ZIP				-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						

indicated on this report or supplemental report is true and accurate and that my eignature 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-1-06 954.217.2431