


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2005 8:00 am
Secretary of State

04-26-2005 90199 001 ***150.00
 04-26-2005 90199 002 *****8.75

DOCUMENT # P04000134122

1. Entity Name
D'GIO INTERNATIONAL INC.



Principal Place of Business
**7704 FORESTAY DR
 LAKE WORTH, FL 33467**

Mailing Address
**7704 FORESTAY DR
 LAKE WORTH, FL 33467**

66012888



2. Principal Place of Business
12620 Vista Isle Dr.

3. Mailing Address
12620 Vista Isle Dr

Suite, Apt. #, etc.
- 1028

Suite, Apt. #, etc.
1028

04142005 Chg-P CR2E034 (10/03)

City & State
Sunrise

City & State
Sunrise

4. FEI Number
510 52 56 94

Applied For
 Not Applicable

Zip
33323

Country
Florida

Zip
33323

Country
Florida

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

6. Name and Address of Current Registered Agent

**GADEA, DAVID
 7704 FORESTAY DR
 LAKE WORTH, FL 33467**

7. Name and Address of New Registered Agent


Name
Giovanna L. Mollinedo

Street Address (P.O. Box Number is Not Acceptable)
12620 Vista Isle Dr. # 1028

City
Sunrise

FL Zip Code
33323

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 Giovanna Mollinedo  DATE 04-20-2005

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GADEA, DAVID 7704 FORESTAY DR LAKE WORTH, FL 33467	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MOLLINEDO, GIOVANNA 7704 FORESTAY DR LAKE WORTH, FL 33467	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P David Gadea 12620 Vista Isle Dr # 1028 Sunrise, FL 33323	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V Giovanna Mollinedo 12620 Vista Isle Dr. # 1028 Sunrise, FL 33323	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	M Ana Andreu 808 East Mowry Dr. #407 Homestead, FL 33030	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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 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:  DATE 04-20-2005 DAYTIME PHONE # 305 484 3510

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #