# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

# DOCUMENT# P04000134122

Entity Name: D'GIO INTERNATIONAL INC.

FILED Jul 09, 2009 Secretary of State

Current Principal Place of Business: New P	rincipal Place of Business:
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1900 TAMIAMI TRAIL NORTH 3303 TWILIGHT LN # 5103 GLOBAL CELLULAR 5103

NAPLES, FL 34102 NAPLES, FL 34109

Current Mailing Address: New Mailing Address:

6655 OLD FARM TRAIL 3303 TWILIGHT LN # 5103

BOYNTON BEACH, FL 33437 5103

NAPLES, FL 34109

FEI Number: 51-0525694 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

## Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

GADEA, DAVID R

6655 OLD FARM TRAIL

BOYNTON BEACH, FL 33437 US

MOLLINEDO, GIOVANNA
3303 TWILIGHT LN
5103

NAPLES, FL 34109 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: GIOVANNA MOLLINEDO 07/09/2009

Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Election Campaign Financing Trust Fund Contribution ( ).

### **OFFICERS AND DIRECTORS:**

### ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Delete Title: (X) Change ( ) Addition GADEA, DAVID R MOLLINEDO, GIOVANNA L Name: Name: 6655 OLD FARM TRAIL Address: 3303 TWILIGHT LN Address: City-St-Zip: BOYNTON BEACH, FL 33437 City-St-Zip: NAPLES, FL 34109

Title: ( ) Delete Title: VP ( ) Change (X) Addition

 Name:
 Name:
 GADEA, DAVID

 Address:
 Address:
 3303 TWILIGHT LN 5103

 City-St-Zip:
 City-St-Zip:
 NAPLES, FL 34109

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: GIOVANNA MOLLINEDO P 07/09/2009