2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000157170

Entity Name: CASAS D'GIORDANO, INC.

FILED Sep 14, 2009 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:
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12732 SW 93RD ST MIAMI, FL 33186

Current Mailing Address: New Mailing Address:

P O BOX 558796 P O BOX 961124 MIAMI, FL 33255 P O BOX 961124

FEI Number: 76-0771996 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

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

GIORDANO, CLAUDIA 12732 SW 93RD ST MIAMI, FL 33186 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:

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: PD () Delete Title: PD (X) Change () Addition Name: GIORDANO, CLAUDIA Name: GIORDANO, CLAUDIA

 Name:
 GIORDANO, CLAUDIA
 Name:
 GIORDANO, CLAUDIA

 Address:
 P O BOX 558796
 Address:
 P O BOX 961124

 City-St-Zip:
 MIAMI, FL 33255 US
 City-St-Zip:
 MIAMI, FL 33296 US

Title: VPD () Delete Title: VPD (X) Change () Addition Name: DIMITRJEVITCH, CHRISTIAN Name: DIMITRJEVITCH, CHRISTIAN Address: P O BOX 558796 Address: P O BOX 961124

Address: P O BOX 558/96 Address: P O BOX 961124
City-St-Zip: MIAMI, FL 33255 US City-St-Zip: MIAMI, FL 33296 US

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

 Name:
 BAGES, PAULA
 Name:
 BAGES, PAULA

 Address:
 P O BOX 558796
 Address:
 P O BOX 961124

 City-St-Zip:
 MIAMI, FL 33255 US
 City-St-Zip:
 MIAMI, FL 33296 US

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: CLAUDIA GIORDANO P 09/14/2009