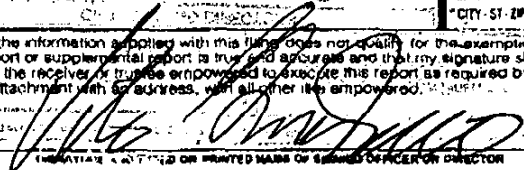


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 31, 2006 8:00 am
Secretary of State

08-31-2006 90002 050 ***150.00

DOCUMENT # P05000003085			
1. Entity Name VA GIORDANO INC			
Principal Place of Business 2 ABBEY LN - # 208 DELRAY BEACH, FL 33446		Mailing Address 2 ABBEY LN - # 208 DELRAY BEACH, FL 33446	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. 2, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent GIORDANO, VITO A 2 ABBEY LN - # 208 DELRAY BEACH, FL 33446		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ (Signature, typed or printed name of registered agent and fee if applicable) (NOTE: Registered Agent signature required when registering) DATE _____			
FILE NOW!! FEE IS \$150.00 Due by September 8, 2006		9. Election Campaign Financing ☐ \$5.00 May Be Added to Fees In accordance with s. 807.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PS GIORDANO, VITO A 2 ABBEY LN - # 208 DELRAY BEACH, FL 33446 ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ 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 info empowered.			
SIGNATURE: 		7/5/06 561-8666	
I HEREBY CERTIFY OR PRINTED NAME OF SIGNED OFFICER OR DIRECTOR		Date	