


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Sep 12, 2006 8:00 am**  
**Secretary of State**

09-12-2006 90010 005 \*\*\*150.00

<b>DOCUMENT #</b> P05000048896	
<b>1. Entity Name</b> GINADELLE'S, INC.	

<b>Principal Place of Business</b> 19101 NW 33RD PLACE MIAMI FL 33056	<b>Mailing Address</b> 19101 NW 33RD PLACE MIAMI FL 33056
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<b>2. Principal Place of Business</b> 852 W Palm Run Dr. Suite, Apt. #, etc.	<b>3. Mailing Address</b> 852 W Palm Run Dr. Suite, Apt. #, etc.
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2nd MOORE CR2E034 (4/06)

<b>City &amp; State</b> North Lauderdale, FL	<b>City &amp; State</b> North Lauderdale, FL	<b>4. FEI Number</b> 20-2692375	<b>Applied For</b> Not Applicable
<b>Zip</b> 33068	<b>Country</b> Broward	<b>Zip</b> 33068	<b>Country</b> Broward
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	

<b>6. Name and Address of Current Registered Agent</b> EUGENE, MEDGTH 19101 NW 33RD PLACE MIAMI FL 33056	<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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**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 Medgth Eugene Medgth Eugene 9-5-06  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when terminating) DATE

<b>FILE NOW!!! FEE IS \$550.00</b> <b>DUE BY September 6, 2006</b> <b>Make Check Payable to Florida Department of State</b>	S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is \$150.00. <input checked="" type="checkbox"/>	<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
<b>TITLE</b> P <b>NAME</b> EUGENE, MEDGTH <b>STREET ADDRESS</b> 19101 NW 33RD PLACE <b>CITY - ST - ZIP</b> MIAMI FL 33056	<input type="checkbox"/> Delete	<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY - ST - ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> V <b>NAME</b> SWARTZ, JOSETTE <b>STREET ADDRESS</b> 19101 NW 33RD PLACE <b>CITY - ST - ZIP</b> MIAMI FL 33056	<input type="checkbox"/> Delete	<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY - ST - ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> D <b>NAME</b> JAMES, EVELYN <b>STREET ADDRESS</b> 19101 NW 33RD PLACE <b>CITY - ST - ZIP</b> MIAMI FL 33056	<input type="checkbox"/> Delete	<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY - ST - ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY - ST - ZIP</b>	<input type="checkbox"/> Delete	<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY - ST - ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY - ST - ZIP</b>	<input type="checkbox"/> Delete	<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY - ST - ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY - ST - ZIP</b>	<input type="checkbox"/> Delete	<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY - ST - ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> 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 like empowered.**

SIGNATURE: Medgth Eugene 9-5-06  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #