


**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 02, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P05000068783</b> 1. Entity Name GIRMAR INVESTMENTS, INC.	
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Principal Place of Business 1266 CHESSINGTON CIRCLE LAKE MARY, FL 32746 US	Mailing Address 1266 CHESSINGTON CIRCLE LAKE MARY, FL 32746 US
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03052007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 20-2840300	Applied For Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required.

6. Name and Address of Current Registered Agent  FALCONETTI, FRANK A 901 DOUGLAS AVENUE SUITE 206 ALTAMONTE SPRINGS, FL 32714
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<b>DO NOT WRITE IN THIS SPACE</b>
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CIPOLLA, MARIANO 1266 CHESSINGTON CIRCLE LAKE MARY, FL 32746
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP CIPOLLA, GIROLAMO 753 PICKFAIR TERRACE LAKE MARY, FL 32746
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CIPOLLA, FRANCESCO 1266 CHESSINGTON CIRCLE LAKE MARY, FL 32746
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LUTZ, JOSEPHINE D 1266 CHESSINGTON CIRCLE LAKE MARY, FL 32746
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

<p>U00000688186 04/10/07-80070-004 150.00</p> <p><b>DO NOT WRITE IN THIS SPACE</b></p>
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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.

<b>SIGNATURE:</b> _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<b>3-22-07</b> <b>321-363-2223</b> <small>Date Daytime Phone #</small>
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