2008 FOR PROFIT CORPORATION

FILED Mar 28, 2008 08:00 Al Secretary of State

DOCUMENT # P050000 1. Entity Name GIRMAR INVESTMENTS, INC.	68783	
Principal Place of Business 1266 CHESSINGTON CIRCLE LAKE MARY, FL 32746 US	Mailing Address 1266 CHESSINGTON CIRCLE LAKE MARY, FL 32746 US	



DO NOT WRITE IN THIS SPACE

03032008 No Chg-P CR2E034 (11/05)

4. FEI Number 20-2840300 Applied For Not Applicable

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		DO NOT WRITE IN THIS SPACE					
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	gnature, typed or printed name of registered agent and title	if applicable (NOTE: Registered	d Agen) signature required when reinstating) DATE				
	NOW!!! FEE IS \$150.00 1, 2008 Fee will be \$550.00	Election Campaign Finan Trust Fund Contribution.	cing	\$5.00 May Be Added to Fees	U00000872145 04/10/08-80027-004 150.00		
STREET ADDRESS CITY-ST-ZIP TIFLE NAME CITY-ST-ZIP TIFLE NAME STREET ADDRESS CITY-ST-ZIP L CITY-ST-ZIP L L L L L L L L L L L L L	CIPOLLA, MARIANO 266 CHESSINGTON CIRCLE AKE MARY, FL 32746 (P) CIPOLLA, GIROLAMO 53 PICKFAIR TERRACE AKE MARY, FL 32746 CIPOLLA, FRANCESCO 266 CHESSINGTON CIRCLE AKE MARY, FL 32746	CTORS			NOT WRITE		
STREET ADDRESS 12	UTZ, JOSEPHINE D 266 CHESSINGTON CIRCLE AKE MARY, FL 32746		IN THIS SPACE				

12. Thereby certify that the information supplied with this filling 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 it 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:	Morrono	Obolls
	SIGNATURE AND TYPED OR PRINTED N	AME OF SIGNING OFFICER OR DIRECTOR

CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP