

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P05000078884

Entity Name: GILLIO INVEST, INC.

**FILED**  
**Feb 25, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

UGO DI ROMA  
2801 FLORIDA AVE. UNIT B  
COCONUT GROVE, FL 33133 US

**New Principal Place of Business:**

**Current Mailing Address:**

UGO DI ROMA  
2801 FLORIDA AVE. UNIT B  
COCONUT GROVE, FL 33133 US

**New Mailing Address:**

FEI Number: 20-3138647

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

VALCESCHINI, GILLES  
2801 FLORIDA AVE UNIT B  
COCONUT GROVE, FL 33133 US

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

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

**OFFICERS AND DIRECTORS:**

Title: DPT  
Name: VALCESCHINI, GILLES  
Address: 2801 FLORIDA AVE UNIT B  
City-St-Zip: COCONUT GROVE, FL 33133

Title: VPS  
Name: CHICHERIE, LIONEL  
Address: 2801 FLORIDA AVE UNIT B  
City-St-Zip: COCONUT GROVE, FL 33133

I hereby 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 all other like empowered.

SIGNATURE: VALCESCHINI, GILLES

DTP

02/25/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date