

# **2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# P05000155663

**FILED**  
**Nov 20, 2007**  
**Secretary of State**

**Entity Name:** GIOVANNI FLEURY INVESTMENTS, INC.

**Current Principal Place of Business:**

1354 WASHINGTON AVE  
SUITE 220  
MIAMI BEACH, FL 33139

**New Principal Place of Business:**

4381 NW 167 ST  
MIAMI GARDENS, FL 33055

**Current Mailing Address:**

1354 WASHINGTON AVE  
SUITE 220  
MIAMI BEACH, FL 33139

**New Mailing Address:**

4381 NW 167 ST  
MIAMI GARDENS, FL 33055

**FEI Number:** 20-3836767

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

FLEURY, GIOVANNI SR.  
4100 SW 194 TERR  
MIRAMAR, FL 33029 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: P ( ) Delete  
Name: FLEURY, GIOVANNI SR.  
Address: 4100 SW 194 TERR  
City-St-Zip: MIRAMAR, FL 33029

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: GIOVANNI FLEURY

P

11/20/2007

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

\_\_\_\_\_  
Date