

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

**FILED
Apr 27, 2007 8:00 am
Secretary of State**

04-27-2007 90203 026 ***150.00

DOCUMENT # P06000013450

1. Entity Name
GIANT INTERNATIONAL ENTERPRISES, INC.



Principal Place of Business
1665 PALM BEACH LAKES BLVD., #810
W. PALM BEACH, FL 33401

Mailing Address
1665 PALM BEACH LAKES BLVD., #810
W. PALM BEACH, FL 33401

2. Principal Place of Business - No P.O. Box #

1325 Congress Ave.

3. Mailing Address

1325 Congress Ave.

Suite, Apt. #, etc

Suite 204

Suite, Apt. #, etc

Suite 204

City & State

Boynton Beach FL

City & State

Boynton Beach FL

Zip

33426

Country

USA

Zip

33426

Country

USA

6. Name and Address of Current Registered Agent

MAHTANI, VIVEK
1665 PALM BEACH LAKES BLVD., #810
W. PALM BEACH, FL 33401

Name

Street Address (P.O. Box Number is Not Acceptable)

1325 Congress Ave. Suite 204

City
Boynton Beach

FL Zip Code
33426

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

Signature (typed or printed name of registered agent and title if applicable)

(INC. B. Registered Agent signature is required when resuming)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

D
MAHTANI, VIVEK
1011 IVES DAIRY RD SUITE 210
MIAMI, FL 33179

Delete

11.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

Change Addition

1325 Congress Ave #204
Boynton Beach FL 33426

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

Delete

TITLE

NAME

STREET ADDRESS

CITY ST ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

Delete

TITLE

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STREET ADDRESS

CITY ST ZIP

Change Addition

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Change Addition

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CITY ST ZIP

Delete

TITLE

NAME

STREET ADDRESS

CITY ST ZIP

Change 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:

(Vivek Mahtani)

4/9/07

336-259-4328

Date

Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR