

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000026276

Entity Name: GIOCON INDUSTRIES, INC.

FILED
Jul 05, 2008
Secretary of State

Current Principal Place of Business:

103 HALF MOON CIRCLE
#C2
LANTANA, FL 33462

New Principal Place of Business:

7518 VIA LURIA
LAKE WORTH, FL 33467

Current Mailing Address:

103 HALF MOON CIRCLE
#C2
LANTANA, FL 33462

New Mailing Address:

7518 VIA LURIA
LAKE WORTH, FL 33467

FEI Number: 65-0686466

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FAZIO, ALFRED
103 HALF MOON CIRCLE
#C2
LANTANA, FL 33462 US

Name and Address of New Registered Agent:

FAZIO, ALFRED
7518 VIA LURIA
LAKE WORTH, FL 33467 US

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: ALFRED FAZIO

07/05/2008

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: ALFRED FAZIO,
Address: 103 HALF MOON CIRCLE - C2
City-St-Zip: LANTANA, FL 33462

Title: CFO () Delete
Name: FAZIO, ELIZABETH
Address: 103 HALF MOON CIRCLE - C2
City-St-Zip: LANTANA, FL 33462

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: ALFRED FAZIO,
Address: 7518 VIA LURIA
City-St-Zip: LAKE WORTH, FL 33467

Title: CFO (X) Change () Addition
Name: FAZIO, ELIZABETH
Address: 7518 VIA LURIA
City-St-Zip: LAKE WORTH, FL 33467

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: ALFRED FAZIO

P

07/05/2008

Electronic Signature of Signing Officer or Director

Date