2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P96000037095

1. Entity Name
ENZO GIORDANO ENTERPRISES, INC.

Principal Place of Business	Mailing Address
1365 N KILLIAN DRIVE	1365 N KILLIAN DRIVE
LAKE PARK, FL 33403	LAKE PARK, FL 33403

DO NOT WRITE IN THIS SPACE

01232007   No Chg-P   CR2E034 (11/05)

4. FEI Number		Applied For
65-0681289		Not Applicable

5. Certificate of Status Desired	☐	**$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

GIORDANO, VINCENZO
1365 N KILLIAN DRIVE
BAY A& B
LAKE PARK, FL 33403

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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.   (NOTE: Registered Agent signature required when reinstating)   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	PTSD
NAME	GIORDANO, VINCENZO
STREET ADDRESS	2092 JOY RENE LANE
CITY-ST-ZIP	NORTH PALM BEACH, FL 33408

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
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CITY-ST-ZIP	

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05/09/07-80093-001   150.00

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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: _Vincenzo Giordano_   4/23/07   561 881·4547

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #