

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 06, 2004 8:00 am
Secretary of State

08-06-2004 90002 020 ***150.00

DOCUMENT # P97000028633

1. Entity Name
GIOVANNA CORP.



Principal Place of Business
**156-12 100TH STREET
HOWARD BEACH, NY 11414**

Mailing Address
**156-12 100TH STREET
HOWARD BEACH, NY 11414**

54067181



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

07292004

Chg-P

CR2E034 (10/03)

City & State

City & State

4. FEI Number

11-3371667

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**QUINN, ROBERT T
2757 GONIN DR.
PORT ST. LUCIE, FL 34952**

Name

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

City

FL

Zip Code

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
Due by September 8, 2004**

9. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
PALMESE, VINCENT
156-12 100TH STREET
HOWARD BEACH, NY 11414**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
PALMESE, FRANK
161-37 96TH STREET
HOWARD BEACH, NY 11414**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Aug - 3 - 04

Daytime Phone #



Attachment
Division of Corporations
Annual Report

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Document Number

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Business Entity Name

GIOVANNA CORP.

☒ **After May 1st of each year, a late charge of \$400.00 is imposed, except in circumstances in which the entity did not receive prior notice. Please check this box if notice was not received.**

FEI Number

113371667

FEI Number Status

☐ Applied For ☐ Not Applicable ☒ CurrentCertificate of Status Desired ☐ Yes ☒ No**Principal Place of Business**

Address

156-12 100TH STREET

Suite, Apt. #, etc.

City, State

HOWARD BEACH**NY**

Zip Code & Country

11414**Mailing Address**

Address

156-12 100TH STREET

Suite, Apt. #, etc.

City, State

HOWARD BEACH**NY**

Zip Code & Country

11414**Name And Address of Registered Agent**

Name (Last, First, Middle, Title)

QUINN**ROBERT****T****-or- RA Business Name**

Address

2757 GONIN DR.

Suite, Apt. #, etc.

City, State

PORT ST. LUCIE**FL**

Zip Code & Country

34952

If Registered Agent (RA) is changed, the new RA must type their name in the 'Registered Agent Signature' block below. RA signature MUST be an individual name. If the RA is a business entity, an individual must sign on their behalf. A business entity cannot serve as its own RA.

Registered Agent Signature **ROBERT T QUINN**