## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P97000063783

Entity Name: GIULIO, INC.

City-St-Zip: CAPE CORAL, FL 33914

FILED Apr 22, 2009 Secretary of State

Current Principal Place of Business:			New Principal Place of Business:	
4417 SW CAPE CO	18TH PL PRAL, FL 3391	4		
Current Mailing Address:			New Mailing Address:	
4417 SW CAPE CO	18TH PL PRAL, FL 3391	4		
FEI Number	r: 65-0770149	FEI Number Applied For()	FEI Number Not Applicable ( )	Certificate of Status Desired ( )
Name and	d Address of (	Current Registered Agent:	Name and Address of	of New Registered Agent:
GIULIANC 4417 SW CAPE CO		4 US		
	e named entity e of Florida.	submits this statement for the	ourpose of changing its registere	d office or registered agent, or both,
SIGNATU	RE:			
	Electro	nic Signature of Registered Ag	ent	Date
Election Ca	mpaign Financin	g Trust Fund Contribution ( ).		
OFFICERS AND DIRECTORS:		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS		
Title: Name: Address: City-St-Zip:	P ( GIULIANO, FR 4417 SW 18 P CAPE CORAL,	L	Title: Name: Address: City-St-Zip:	() Change () Addition
Title: Name: Address: City-St-Zip:	VP ( GIULIANO, JOI 806 SE 46TH S CAPE CORAL,	STREET, 2-E	Title: Name: Address: City-St-Zip:	() Change () Addition
Title: Name: Address: City-St-Zip:	GIULIANO, JAN 1719 SW 43 S		Title: Name: Address:	() Change () Addition
,	OAI L'OORAL,	FL 33914	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.

City-St-Zip:

SIGNATURE: FRANK GIULIANO P 04/22/2009