## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Oct 01, 2004 8:00 am Secretary of State

| DOCUMENT # P97000096377  1. Entity Name GIACOMO ENTERPRISES INC.   |  |  |                                  | 10-01-2004 90001 027 ***150.00  |  |  |
|--|--|--|----------------------------------|---|--|--|
| Principal Place of Business 1060 BRICKELL AVENUE MIAMLAT 33131 638 South Miami Ape Miami Ape Translation of Business |  | Mailing Address 1060 BRICKELL AVENUE MAMM, FL 33131 638 590    | 4. ±1.8***                       | Ave   | 54073769   |  |
| 2. Fillicipal Flace of Busiless  |  | 3. Mailing Address   | FL 33130                         |   |  |  |
| 638 South minmi me. Suite, Apt. #, etc.  |  | SAME<br>Suite, Apt. #, etc.                                    | # - 1 h                          |   | aurri aniin (niis žiira riiri iznii itaren 11 ilili  |  |
|  |  | Stite, Apt. #, etc.  |                                  | 09202004 Chg-P  | CR2E034 (10/03)  |  |
| City & State   |  | City & State   | •                                | 4. FEI Number 65-1078995  | Applied For Not Applicable   |  |
| Zip 33130  | Country US A                                     | Zip 33'130   | Country US A                     | 5. Certificate of Status Desire   | \$9.75 Additional  |  |
| 6.   | Name and Address of Current F                    | Registered Agent   | Name                             | 7. Name and Address of New  | v Registered Agent   |  |
| ARDISSON, JA<br>1060 BRICKELI<br>MAMLEL 231  | LAVENUE 638 S                                    | South miram  | Street Address                   | Street Address (P:O+Box-Number is Not Acceptable)                         |  |  |
| I WANTE AND IS   | Avenue   | e<br>i FL 33130  |                                  |   |  |  |
|  | miam   | i FL 33130   | City                             |   | FL Zip Code  |  |
| 8. The above name  | d entity submits this statement for              | the purpose of changing its r                                  | egistered office or regist       | tered agent, or both, in the State of                                     | Florida. I am famillar with, and accept  |  |
| the obligations of registered agent.  JACQUES ArDissow   |  |  |                                  |   |  |  |
| SIGNATURESignatur  | re, lypted or printed name of registered agent a |  | Registered Agent signature requi | red when reinstating)   | DATE   |  |
| FILE NOW!!! FEE IS \$150.00  Due by September 8, 2004  9. Election Campaign Financing Trust Fund Contribution.       |  |  |                                  |   | te with s. 607.193(2)(b), F.S., the did not receive the prior notice.  |  |
| 10.  | OFFICERS AND I                                   | DIRECTORS  | 11.                              | ADDITIONS/CHANGES TO C  | DFFICERS AND DIRECTORS IN 11   |  |
| TITLE PVS  | D<br>DISSON, JACQUES                             | ☐ Delete   | TITLE<br>NAME                    |   | ☐ Change ☐ Addition  |  |
| STREET ADDRESS 125   | NE 106TH STREET                                  |  | STREET ADDRESS                   |   |  |  |
| CITY-ST-ZIP MIAI   | MI SHORES, FL 33138                              | ☐ Delete   | CITY-ST-ZIP                      |   | ☐ Change ☐ Addition  |  |
| NAME   |  | Li Delete  | NAME                             |   | Change Audition  |  |
| STREET ADDRESS CITY-ST-ZIP   |  |  | STREET ADDRESS CITY-ST-ZIP       |   |  |  |
| TITLE  | <del>-</del> , <del>-</del> ,                    | ☐ Delete   | TITLE                            |   | ☐ Change ☐ Addition  |  |
| NAME<br>STREET ADDRESS   |  |  | NAME<br>STREET ADDRESS           |   |  |  |
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| CITY-ST-ZIP  |  |  | CITY-ST-ZIP                      |   |  |  |
| TITLE NAME   |  | ☐ Delete   | TITLE<br>NAME                    |   | ☐ Change ☐ Addition ]  |  |
| STREET ADDRESS CITY-ST-ZIP   |  |  | STREET AODRESS CITY-ST-ZIP       |   |  |  |
| TITLE  |  | ☐ Delete   | TITLE                            |   | ☐ Change ☐ Addition  |  |
| NAME<br>PARIET ADDRESS   |  |  | NAME                             | •   | -  |  |
| STREET ADDRESS<br>CITY-ST-ZIP  |  |  | STREET ADDRESS CITY-ST-ZIP       |   |  |  |
| indicated on this<br>of the corporation  | s report or supplemental report is               | true and accurate and that m<br>wered to execute this report a | v signature shall have th        | e same legal effect as if made und<br>07, Florida Statutes; and that my n | es. I further certify that the information<br>fer oath; that I am an officer or director<br>ame appears in Block 10 or Block 11 if |  |
| SIGNATUR   | E: JA COLUE                                      | S HTD ISS ON   | OR DIRECTOR                      | Date  | 1-27-04<br>Daytime Phone *   |  |



FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

September 20, 2004

GIACOMO ENTERPRISES INC. 638 SOUTH MIAMI AVE. MIAMI, FL 33130

SUBJECT: GJACOMO ENTERPRISES INC.

Ref. Number: P97000096377

We have received your check(s) totaling \$150.00; however it cannot be processed and is being returned for the following:

There was not a completed annual report/uniform business report form submitted with your check. The enclosed form must be completed in its entirety and resubmitted with the filing fee.

If you have any questions concerning the filing of your document, please call (850) 245-6059.

Katrina Sutphin

Letter:Number: 504 \000055419