
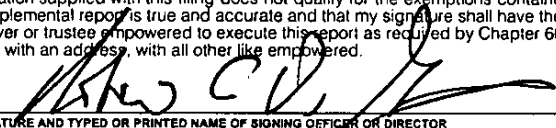


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 07, 2007 8:00 am**  
**Secretary of State**

05-07-2007 90077 015 \*\*\*150.00

<b>DOCUMENT # P98000064227</b> 1. Entity Name <b>DIGIANNURIO, INC.</b>					
Principal Place of Business <b>1917 N STATE RD 7 MARGATE, FL 33063</b>			Mailing Address <b>1917 N STATE RD 7 MARGATE, FL 33063</b>		
2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.			
City & State  Zip		City & State  Zip		Country	
4. FEI Number <b>65-0856991</b>				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>GASS, DANIEL G 10001 NW 50TH ST, STE 204 SUNRISE, FL 33351</b>			7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) City		
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>		
<b>FILE NOW!!! FEE IS \$550.00 Due by September 14, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P <b>DI GIANNURIO, ROBERT 10999 RAVEL CT BOCA RATON, FL 33498</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Pr. 207 DIGIANNURIO ROBERT 1904 Bermuda Cir. C3 COCONUT CREEK FL 33066</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: 			Date: <b>5/3/07</b> Daytime Phone #: <b>954-571-3730</b>		

ATTACHMENT

40107727  
#P98000664227

1917 N ST RD 7  
Margate, Florida 33063  
954-971-3733  
Fax# 954-917-1567

**Giant Tire & Auto Care**

May 3, 2007

To whom it may concern,

I did not receive the annual report notice and was told that I should enclude a letter stating so and write the check for 150.00

Thank You

  
Robert A DiGiannurio Pres.