


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2004 08:00 AM
Secretary of State

DOCUMENT # P99000029740

1. Entity Name
 GIANCO HOLDINGS, INC.



Principal Place of Business Mailing Address

UNIT NO. 4, COSTA CORPORATE CENTRE D.J. GIANCOLA EXPORTS, INC.
 3325 NW 97 AVE 4317 E. GENESEE ST.
 MIAMI, FL 33178 SYRACUSE, NY 13214

DO NOT WRITE IN THIS SPACE



04Z72004 No Chg-P CR2E034 (10/03)

4. FEI Number Applied For
 58-2457883 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

D.J. GIANCOLA EXPORTS, INC.
 3325 NW 97TH AVE.
 MIAMI, FL 33178

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

U00000143144
 04/30/04-80080-012 150.00

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	GIANCOLA, CHARLES C
STREET ADDRESS	3325 NW 97 AVE., UNIT 4
CITY-ST-ZIP	MIAMI, FL 33178
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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

4/27/04 (315) 446-6002
Date Daytime Phone #