

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2008 08:00 A.
Secretary of State

DOCUMENT # P99000084362		
1. Entity Name GIORGI CORPORATION		
Principal Place of Business 7360 CORAL WAY SUITE 21 MIAMI, FL 33155	Mailing Address 7360 CORAL WAY STE 21 MIAMI, FL 33155	



04162008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0950212	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent CORONADO, NESTOR 7360 CORAL WAY STE 21 MIAMI, FL 33155	DO NOT WRITE IN THIS SPACE
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

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

U00000908889
05/06/08-80048-008 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD COLTELLACCI, SERGIO 7360 CORAL WAY STE 21 MIAMI, FL 33155
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD COLTELLACCI, GLADYS C 7360 CORAL WAY STE 21 MIAMI, FL 33155
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD COLTELLACCI, GLADYS 8550 W FLAGLER ST, STE 115 MIAMI, FL 33144
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S COLTELLACI, ARIANNA C 7360 CORAL WAY STE 21 MIAMI, FL 33155
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 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: *Sergio Coltellacci By R.C.*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/16/08 (305) 267-1092
Date Daytime Phone #