

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 05, 2008 8:00 am
Secretary of State

02-05-2008 90008 022 ***150.00

DOCUMENT # P99000092126

1. Entity Name

GIACOMELLI ARCHITECTURE, INC



Principal Place of Business

129 NORTH FEDERAL HWY
SUITE 201 A
LAKE WORTH FL 33460

Mailing Address

~~129 NORTH FEDERAL HWY
SUITE 201 A
LAKE WORTH FL 33460~~

CHANGED



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

148 OHIO RD.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
LAKE WORTH, FL

Zip

Country

Zip
33467

Country
USA

1st MOORE

CR2E034 (10/07)

4. FEI Number
65-0958635

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GIACOMELLI, DARIO C
148 OHIO ROAD
LAKE WORTH FL 33467

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

(Signature)

(NOTE: Registered Agent signature required when submitting)

DATE

1/28/08

FILE NOW!!! FEE IS \$150.00

After May 1, 2008 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P ✓	<input type="checkbox"/> Delete
NAME	GIACOMELLI, DARIO C	
STREET ADDRESS	148 OHIO ROAD	
CITY-ST-ZIP	LAKE WORTH FL 33467	
TITLE	V ✓	<input type="checkbox"/> Delete
NAME	GIACOMELLI, CLAUDIA L	
STREET ADDRESS	148 OHIO ROAD	
CITY-ST-ZIP	LAKE WORTH FL 33467	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/28/08

561 585 8085