

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000105607

Entity Name: GIRAR S.A. CORP.

FILED
Apr 28, 2006
Secretary of State

Current Principal Place of Business:

6032 INDIAN FOREST CIRCLE
LAKEWORTH, FL 33463

New Principal Place of Business:

Current Mailing Address:

6032 INDIAN FOREST CIRCLE
LAKEWORTH, FL 33463

New Mailing Address:

FEI Number: 22-3694743

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ARMEL, CARMINA
6032 INDIAN FOREST
LAKE WORTH, FL 33463 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: GIRALDO DE ARMEL, BEATRIZ
Address: 6032 INDIAN FOREST CIRCLE
City-St-Zip: LAKEWORTH, FL 33463

Title: D () Delete
Name: ARMEL, PATRICIA
Address: 6032 INDIAN FOREST CIRCLE
City-St-Zip: LAKEWORTH, FL 33463

Title: SDVT () Delete
Name: ARMEL, CARMINA
Address: 6032 INDIAN FOREST CIRCLE
City-St-Zip: LAKEWORTH, FL 33463

Title: SDV () Delete
Name: ARMEL, SANDRA
Address: 6032 INDIAN FOREST CIRCLE
City-St-Zip: LAKE WORTH, FL 33463

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CARMINA ARMEL

SDVT

04/28/2006

Electronic Signature of Signing Officer or Director

_____ Date