


**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 15, 2008 08:00 AM**  
**Secretary of State**

DOCUMENT # S98367  
 1. Entity Name  
 11 GIRISOLE, INC.



Principal Place of Business      Mailing Address  
 1911 S. FEDERAL HWY      1461 S.W. 21ST STREET  
 DELRAY BEACH, FL 33483 US      BOCA RATON, FL 33486

**DO NOT WRITE IN THIS SPACE**



01312008    No Chg-P    CR2E034 (11/05)

4. FEI Number      Applied For  
 65-0306158      Not Applicable

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

6. Name and Address of Current Registered Agent  
 ESPOSITO, LUIGI  
 1461 S.W. 21ST STREET  
 BOCA RATON, FL 33486

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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 reinstating)

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

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

1100000838963  
 02/26/08-80021-025 150.00

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	ESPOSITO, LUIGI
STREET ADDRESS	1461 S.W. 21ST ST.
CITY-ST-ZIP	BOCA RATON, FL
TITLE	D
NAME	ESPOSITO, WILMA
STREET ADDRESS	1461 S.W. 21ST ST.
CITY-ST-ZIP	BOCA RATON, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: Wilma Esposito      Date: 2/12/08      Daytime Phone #: 561 272 3566  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR