

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**May 31, 2005 08:00 AM
Secretary of State**

DOCUMENT # V15614

1. Entity Name
JOSEPH GIAN CORPORATION



Principal Place of Business
**C/O HYATT REGENCY GRAND CYPRESS
1 GRAND CYPRESS BLVD
ORLANDO, FL 32819**

Mailing Address
**5033 DEVIN CT
ORLANDO, FL 32821**



05242005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3107361

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**GIAN JOSEPH
C/O HYATT REGENCY GRAND CYPRESS
1 GRAND CYPRESS BLVD
ORLANDO, FL 32819**

**DO NOT WRITE
IN THIS SPACE**

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 typed or printed name of registered agent and title, if applicable.

(NOTE: Registered Agent signature required when not filing)

DATE

**FILE NOW!!! FEE IS \$150.00
Due by September 7, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	GIAN, JOSEPH
STREET ADDRESS	5033 DELVIN COURT
CITY-ST-ZIP	ORLANDO, FL
TITLE	DV
NAME	GIAN, HELEN Y
STREET ADDRESS	5033 DELVIN COURT
CITY-ST-ZIP	ORLANDO, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000368498
05/31/05-80003-018 150.00

**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

DATE

Day/Mo/Yr