

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
1911 S. FEDERAL HWY
DELRAY BEACH, FL 33483 US

Mailing Address
1461 S.W. 21ST STREET
BOCA RATON, FL 33486



01312008 No Chg-P CR2E034 (11/05)

4. FEI Number
65-0306158

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

ESPOSITO, LUIGI
1461 S.W. 21ST STREET
BOCA RATON, FL 33486

**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 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

11000000828963
02/26/08-80021-025 150.00

10. OFFICERS AND DIRECTORS

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/12/08 561 272 3566
Date Daytime Phone #