

02/2003 **FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED

DOCUMENT # P01000039366
1. Entity Name:
**GLOBAL INFORMATION TECHNOLOGY
CONSULTING, INC.**



03 MAY 12 AM 11:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

400019847524
05/23/03--01060--005 **300.00

2. Principal Place of Business: 9735 FOUNTAINBLEAU BLVD.		3. Mailing Address: 9735 Fountainbleau Blv.	
State, Apt. #, etc. # 104	City, State Miami, FL	State, Apt. #, etc. # 104	City, State Miami, FL
33172	Date	33172	Date

**DO NOT WRITE
IN THIS SPACE**

4. Name and Address of Current Registered Agent:
Edmundo Garzon
9735 Fountainbleau Blvd. Suite # 104
City: **Miami** FL Zip Code: **33172**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, to the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: _____
 January 1 - May 1 Fee is \$150.00
 After May 1, Fee is \$550.00
 Amended UBR is \$61.25
 Make Check Payable to Florida Department of State
 9. Election Concern Financing Trust Fund Contribution: \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	PD Javier Garzon 9735 Fountainbleau Blvd. # 104 Miami, FL 33172	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	VD Edmundo Garzon 9735 Fountainbleau Blvd. # 104 Miami, FL 33172	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	
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TITLE NAME STREET ADDRESS CITY-STATE-ZIP		TITLE NAME STREET ADDRESS CITY-STATE-ZIP	


12. I hereby certify that the information supplied with this filing does not qualify for the exemption under Section 190.7(3)(a) Fla. Statutes. I further certify that the information is correct on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if I, as an officer or director of this corporation or the receiver or trustee, authorized to execute this report as required by the Florida Statutes and that my name appears in Block 10(a) in an attachment with an address, with all other names forwarded.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER (OFF-DIRECTOR)

CR2E034E (12/02)

2/5/20

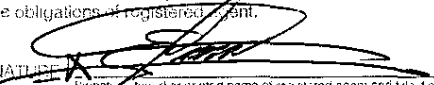
**2002 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P01000039366 <small>1. Entity Name</small> GLOBAL INFORMATION TECHNOLOGY CONSULTING, INC.	
DO NOT WRITE IN THIS SPACE	

<small>2. Principal Place of Business</small> 9735 FOUNTAINBLEAU BLVD. <small>Suite, Apt. #, etc.</small> # 104 <small>City & State</small> Miami, Fl <small>Zip</small> 33172	<small>3. Mailing Address</small> 9735 Fountainbleau Blv. <small>Suite, Apt. #, etc.</small> # 104 <small>City & State</small> Miami, Fl <small>Zip</small> 33172	<small>4. FFI Number</small> 65-111-4455 <small>Applied For</small> <input type="checkbox"/> Not Applicable <small>5. Certificate of Status Desired</small> <input type="checkbox"/> \$8.75 Additional Fee Required
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DO NOT WRITE IN THIS SPACE	<small>7. Name and Address of Current Registered Agent</small> <small>Name</small> Edmundo Garzon <small>Street Address (P.O. Box Number is Not Acceptable)</small> 9735 Fountainbleau Blvd. Suite # 104 <small>City</small> Miami <small>FL</small> <small>Zip Code</small> 33172
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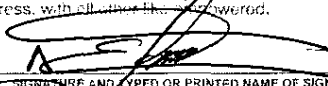
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE:  (NOTE: Registered Agent signature required when constituting) **DATE:** _____

January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Florida Department of State	<small>9. Election Campaign Financing Trust Fund Contribution.</small> <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS			
TITLE NAME	PD Javier Garzon	TITLE NAME	
STREET ADDRESS	9735 Fountainbleau Blvd. # 104	STREET ADDRESS	
CITY-ST-ZIP	Miami, Fl 33172	CITY-ST-ZIP	
TITLE NAME	VD Edmundo Garzon	TITLE NAME	
STREET ADDRESS	9735 Fountainbleau Blvd. # 104	STREET ADDRESS	
CITY-ST-ZIP	Miami, Fl 33172	CITY-ST-ZIP	
TITLE NAME		TITLE NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE NAME		TITLE NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE NAME		TITLE NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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 on an attachment with an address, with all other filers, as required.

SIGNATURE:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **DATE:** _____ Registry Filing # _____

CR2ED34B (12/02)