### 2007 FOR PROFIT CORPORATION ANNUAL REPORT

#### DOCUMENT # P00000069276

1. Entity Name GIP. C.I., INC.



FILED Apr 20, 2007 08:00 AM Secretary of State

Principal Place of Business

Mailing Address

12973 SW 112TH ST

12973 SW 112TH ST

#334

MIAMI, FL 33131

#334 MIAMI, FL 33131



#### DO NOT WRITE IN THIS SPACE

03142007 No Chg-P CR2E034 (11/05)

4. FEI Number 65-1025992

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MCHEILEH, GABY 12973 SW 112TH ST #334 MIAMI, FL 33131

**PTS** 

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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\_

10.

TITLE

NAME STREET ADDRESS

TITLE NAME

NAME STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS CITY-ST-ZIP

CITY-ST-ZIP

Signature, typed or printed name of registered agent and little II applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00

MCHEILEH, GABY

MIAMI, FL 33131

12973 SW 112TH ST

Election Campaign Financing
 Trust Fund Contribution.

\$5.00 May Be Added to Fees

> U00000719480 05/01/07-80066-015 150.Q0

# STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE TITLE TITLE TITLE TITLE TITLE TITLE TITLE

OFFICERS AND DIRECTORS

## 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 keeping and the my name appears.

SIGNATURE:

SIGNATURE AND

PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daylime Phone #