

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 581207

Entity Name: GISELA INC.

FILED  
Feb 09, 2009  
Secretary of State

**Current Principal Place of Business:**

1456 WEST 29TH STREET  
HIALEAH, FL 33012

**New Principal Place of Business:**

**Current Mailing Address:**

5355 WEST 6 LANE  
HIALEAH, FL 33012

**New Mailing Address:**

FEI Number: 59-2168574      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

GONZALEZ, JESSE P  
6260 N.W. 111 TERRACE  
HIALEAH, FL 330122355 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: MILLIAN, GISELA,  
Address: 5355 WEST 6 LANE  
City-St-Zip: HIALEAH, FL 330122514

Title: ST ( ) Delete  
Name: MILLIAN, JUAN J  
Address: 5355 WEST 6 LANE  
City-St-Zip: HIALEAH, FL 330122514

Title: D ( ) Delete  
Name: GONZALEZ, MARIA M  
Address: 6260 NW 111TH TERR  
City-St-Zip: HIALEAH, FL 330122355

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P (X) Change ( ) Addition  
Name: MILIAN, GISELA,  
Address: 5355 WEST 6 LANE  
City-St-Zip: HIALEAH, FL 330122514

Title: ST (X) Change ( ) Addition  
Name: MILIAN, JUAN J  
Address: 5355 WEST 6 LANE  
City-St-Zip: HIALEAH, FL 330122514

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GISELA MILIAN

P

02/09/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date