


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 25, 2005 8:00 am
Secretary of State

04-25-2005 90243 032 ***150.00

DOCUMENT # F99000002369 1. Entity Name GIU S.A.	
--	---

Principal Place of Business 1455 EUCLID AVENUE MIAMI BEACH, FL 33139	Mailing Address 13501 SW 128 ST., STE 103 MIAMI, FL 33186
--	---

20044269



02032005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 52-2166604	Applied For Not Applicable
-----------------------------	-------------------------------

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

6. Name and Address of Current Registered Agent OPPENHEIM, STEVEN P WACHOVIA BANK BUILDING 800 BRICKELL AVENUE, SUITE 707 MIAMI, FL 33131

**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, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D FONTANESI, SARA PO BOX 331089 MIAMI, FL 332331089
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P/S WELWYN LIMITED FORT NASSAU CENTRE, PO BOX N-4875 NASSAU, THE BAHAMAS, 0 0
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V/AS MAZZEO, BERNARD V 13501 SW 128 ST. STE 103 MIAMI, FL 33186
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**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:  **APR 21 / 2005**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #