
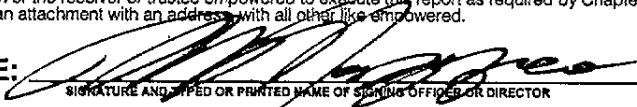


**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 28, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # F99000002369</b> 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
<b>DO NOT WRITE IN THIS SPACE</b>		
6. Name and Address of Current Registered Agent  OPPENHEIM, STEVEN P WACHOVIA BANK BUILDING 800 BRICKELL AVENUE, SUITE 707 MIAMI, FL 33131		<b>DO NOT WRITE IN THIS SPACE</b>
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____		
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
<b>10. OFFICERS AND DIRECTORS</b>		
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		
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:  <b>B.V. Mazzeo</b> 4/26/06 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone</small>		



04202006 No Chg-P CR2E034 (11/05)

4. FEI Number <b>52-2166604</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fees Required

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05/10/06-80114-016 150.00

**DO NOT WRITE  
IN THIS SPACE**