

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 90108 006 ***150.00

DOCUMENT # F99000002369					
1. Entity Name GIU S.A.					
Principal Place of Business 3396 CRYSTAL COURT MIAMI, FL 33133			Mailing Address 3396 CRYSTAL COURT MIAMI, FL 33133		
2. Principal Place of Business		3. Mailing Address 13501 SW 128 Street Suite, Apt. #, etc. Suite 103			
Suite, Apt. #, etc.		Suite 103			
City & State		City & State Miami, FL		4. FEI Number 52-2166604	
Zip		Country U.S.A.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent OPPENHEIM, STEVEN P ESQ. 444 BRICKELL, SUITE 1000 MIAMI, FL 33131		7. Name and Address of New Registered Agent Name: Oppenheim, Steven P, Esq. Street Address (P.O. Box Number is Not Acceptable): 800 Brickell Avenue Suite 707 City: Miami FL Zip Code: 33131			
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's signature required when resigning) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State					
9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE PDS NAME FONTANESI, CARLO STREET ADDRESS 3396 CRYSTAL COURT CITY-ST-ZIP MIAMI, FL 33133	<input type="checkbox"/> Delete		TITLE PDS NAME Fontanesi, Carlo STREET ADDRESS P.O. BOX 331089 CITY-ST-ZIP MIAMI, FL 33233-1089	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE AS NAME Bernard V. Mazzeo STREET ADDRESS 13501 SW 128 St, Unit 103 CITY-ST-ZIP MIAMI, FL 33186	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), 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 <u>Bernard V. Mazzeo</u> DATE <u>April 24/2003</u> Daytime Phone # <u>971-5887</u>					

CR2E034 (10/02)