Mar 29 04 05:24p ECFS 305-

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR) 2004

FILED
May 03, 2004 8:00 am
Secretary of State
05-03-2004 90392 009 ***150.00

94077715

DOCUMENT # L64145

1. Entity Name
G.I.G. CORP

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
1834 NE MIAMI GARDENS DR.	1834 NE MIAMI GARDENS DR
Suite, Apt. #, etc.	Suite, Apt. #, etc.
N. MIAMI BEACH FL	N. MIAMI BEACH FL
Zip: 33179 / Country: USA	Zip: 33179 / Country: USA

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0181806 — Applied For / Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: POU, DANIEL M.

Street Address (P.O. Box Number is Not Acceptable): 1834 NE MIAMI GARDENS DR.

City: NORTH MIAMI BEACH FL Zip Code: 33179

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.

SIGNATURE X [signature] 04/22/04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
Make Check Payable to Department of State

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

11. OFFICERS AND DIRECTORS

TITLE	PD	TITLE	
NAME	POU, DANIEL M.	NAME	
STREET ADDRESS	1834 NE MIAMI GARDENS DR.	STREET ADDRESS	
CITY-ST-ZIP	N. MIAMI BEACH FL 33179	CITY-ST-ZIP	
TITLE	VD	TITLE	
NAME	POU, MARIA A.	NAME	
STREET ADDRESS	1834 NE MIAMI GARDENS DR.	STREET ADDRESS	
CITY-ST-ZIP	N MIAMI BEACH FL 33179	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
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STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

13. 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 11 or on an attachment with an address, with all other like empowered.

SIGNATURE: X [signature] 04/22/04 305-945-7698
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E031(R 12/01)