

**FOR PROFIT CORPORATION  
ANNUAL REPORT**

For Office Use Only


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11 MAY 16 PM 4:04

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **MM1154**

1. Entity Name  
**Gisela Interiors Inc.**



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2. Principal Place of Business - No P.O. Box #  
**8242 NW 70 STREET**

3. Mailing Address  
**8242 NW 70 STREET**

Suite, Apt. #, etc.

CR2E034B (1/11)

City & State  
**Miami, FL**

City & State  
**Miami, FL**

Zip  
**33166** Country  
**USA**

Zip  
**33166** Country  
**USA**

4. FEI Number  
**59-2603945**

Applied For  
 Not Applicable

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

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7. Name and Address of Current Registered Agent

Name  
**BROWN, Gisela Del Valle**

Street Address (P.O. Box Number is Not Acceptable)  
**8242 NW 70 STREET**

City  
**Miam** FL Zip Code  
**33166**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-instating)

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

9. Election Campaign Financing  \$5.00 May Be Added to Fees

E-mail Address:  
**GISELACO@AOL.COM**  
E-mail address to be used for future annual report notices.

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>PD Brown, Gisela Del Valle 8242 NW 70 STREET Miami, FL 33166</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>TD Ramos Jorge 8242 NW 70 STREET Miami, FL 33166</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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**400207322734**  
05/06/11 01039-008 \*\*\*150.00

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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 on an attachment with an address, with all other like empowered. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155 F.S.

SIGNATURE: \_\_\_\_\_ DATE: **5/1/11** Daytime Phone #: **305 593-9787**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*fl16a*