## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N04000004528

Entity Name: GIS HOME CORP

FILED Apr 30, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

18520 NW 67 AVE 13899 BISCAYNE BLVD

#326 152

HIALEAH, FL 33015 NORTH MIAMI, FL 33181 D

Current Mailing Address: New Mailing Address:

PO BOX 172641

HIALEAH, FL 330172641

FEI Number: 20-1300445 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

HYPPOLITE, IRENE T 18520 NW 67 AVE #326

MIRAMAR, FL 33027 US

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:

Clastrania Ciarachura of Danistana d'Anant

Electronic Signature of Registered Agent

Date

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PT () Delete Title: CH (X) Change () Addition
Name: HYPPOLITE, IRENE T

Address: PO BOX 172641

Address: PO BOX 172641

PO BOX 172641

 Address:
 PO BOX 172641
 Address:
 PO BOX 172641

 City-St-Zip:
 HIALEAH, FL 330172641
 City-St-Zip:
 HIALEAH, FL 330172641

Title: VP ( ) Delete Title: ( ) Change ( ) Addition

 Name:
 HYPPOLITE, SERGE G
 Name:

 Address:
 PO BOX 172641
 Address:

 City-St-Zip:
 HIALEAH, FL 330172641
 City-St-Zip:

 $\label{eq:title:solution} \mbox{Title:} \qquad \mbox{S} \qquad \mbox{() Delete} \qquad \qquad \mbox{Title:} \qquad \mbox{P} \qquad \mbox{(X) Change () Addition}$ 

 Name:
 TOUSSAINT, GRACELE
 Name:
 TOUSSAINT, GRACELE

 Address:
 PO BOX 172641
 Address:
 PO BOX 172641

 City-St-Zip:
 HIALEAH, FL 330172641
 City-St-Zip:
 HIALEAH, FL 330172641

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: IRENE HYPPOLITE CHAI 04/30/2009