2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2004 8:00 am
Secretary of State
04-28-2004 90215 041 ***158.75

DOCUMENT # P00000008033

1. Entity Name
GIAMNY IMMIGRATION SERVICES, CORP.

Principal Place of Business	Mailing Address
1021 SW 67TH AVENUE MIAMI, FL 33144	1021 SW 67TH AVENUE MIAMI, FL 33144

04212004 Chg-P CR2E034 (10/03)

2. Principal Place of Business		3. Mailing Address	
1021 SW 67th AVENUE		1358 SW 150th AVENUE	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: MIAMI, FL		City & State: MIAMI, FL	
Zip: 33194	Country: DADE	Zip: 33194	Country: DADE

4. FEI Number 65-0975475 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired [X] $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SANCHEZ, GIAMNY
4115 SW 155 COURT
MIAMI, FL 33184

7. Name and Address of New Registered Agent

Name: SANCHEZ, GIAMNY
Street Address (P.O. Box Number is Not Acceptable)
1358 SW 150th AVENUE
City: MIAMI FL Zip Code: 33194

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 reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD SANCHEZ, GIAMNY 4115 SW 155 COURT MIAMI, FL 33184	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD SANCHEZ, GIAMNY 1358 SW 150th AVENUE MIAMI, FL 33194	[X] Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: X [signature] GIAMNY SANCHEZ - Pres 4/24/04 (305)266-7026
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #