

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000034231

Entity Name: G.I. INTERNATIONAL CORP.

FILED
Apr 28, 2006
Secretary of State

Current Principal Place of Business:

13870 SW 62 ST, STE. 205
MIAMI, FL 33183

New Principal Place of Business:

Current Mailing Address:

PO BOX 558253
MIAMI, FL 33255

New Mailing Address:

13870 SW 62 ST. STE. 205
MIAMI, FL 33183

FEI Number: 65-1092597

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GRANOBLES, ANGELA C
13870 SW 62 ST. STE. 205
MIAMI, FL 33183 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: GRANOBLES, ANGELA C
Address: PO BOX 558253
City-St-Zip: MIAMI, FL 33255

Title: D () Delete
Name: DEPASQUALE, SILVIA
Address: VIA DEI MILLE 29 (36022)
City-St-Zip: CASSOLA, VI IT

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: GRANOBLES, ANGELA C
Address: 13870 SW 62 ST. STE. 205
City-St-Zip: MIAMI, FL 33183

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ANGELA C GRANOBLES

D

04/28/2006

Electronic Signature of Signing Officer or Director

Date