## FILED Apr 18, 2005 8:00 am Secretary of State

2005	FOR	<b>PROFIT</b>	r cor	POR/	NOITA
	A	NNUAL	REPO	DRT	

1. Entity Name	DOCUMENT # P0200005193  1. Entity Name GIZTEC INC.					20	04-18-200	5 90572 (	930 ***1:	50.00	
Principal Place	e of Busines:	s	Mailir	ng Address							
20480 SW 13		~		80 SW 133 CT.							
MIAMI, FL 33				MI, FL 33177							•
					•			E9118   E1  05111 E9111 GE	IN BERK BEREN BIII		
Principal Place of Business     3. Mailing Address											
Suite, Apt. #, etc.			Sui	Suite, Apt. #, etc.			04142005	Chg-P	CR2E03	4 (10/03)	
City & State	е		Cit	y & State			4. FEI Number 30-002				plied For t Applicable
Zip		Country	Zip		Coun	try	5. Certificate	of Status Desired		8.75 Add	
	6. Name	and Address of Curren	t Register	red Agent			7. Name and	Address of New i	Registered A	gent	
						Name					
SINCLAIR, WAYNE P 20480 SW 133RD. CT. MIAMI, FL 33177					Street Address (	P.O. Box Numb	er is Not Acceptable	<del>e</del> )			
						City			FL	Zip Code	•
		ty submits this statement tered agent.	for the pur	pose of changing its	egister	ed office or register	red agent, or bo	th, in the State of F	lorida. I am fa	amiliar with,	and accept
SIGNATURE_	ادرون ادرون آم	eroo agorii.									
SIGNATURE	Signature, typed	or printed name of registered age	nt and title if a	pplicable. ~ ' (NOTE	Registere	d Agent signature required	d when reinstating)		DATE		
		FEE IS \$150.00 5 Fee will be \$550	.00	9. Election Campaig Trust Fund Contr			.00 May Be led to Fees				- }
10.		OFFICERS AN	D DIRECT	ORS FILE	11.		ADDITIONS	CHANGES TO OF	FICERS AND	DIRECTORS	S IN 11
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NAME		SINCLAIR, WAYNE P 19511 SW 87TH PLACE SI				_					
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of the co	rporation or	he information supplied wort or supplemental repor the receiver or trustee en tachment with an addres	powered i	to execute this report	as requ	amplion stated in Si ature shall have the ired by Chapter 60	same legal effe 7, Florida Statut	ді), піолов Statutes et as if made unde es; and that my nai	i, i iuriner cert r oath; that I a me appears ir	m an officer n Block 10 o	or director r Block 11 if
SIGNAT	CURE:	Word /	M	WAYN	ε P.	SINCLAIR	. 2	115/05	305	778-9	7554
	· · · · · · · · · · · · · · · · · ·	SIGNATURE AND TYPED O	R PRINTED N	IAME OF SIGNING OFFICER	OR DIREC	TOR		. Date	D	aytime Phone #	<del></del>