

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000044396

Entity Name: GN - SYS INC.

FILED  
Aug 28, 2007  
Secretary of State

## Current Principal Place of Business:

6824 SOUTH WEST 114TH AVE  
MIAMI, FL 33173

## Current Mailing Address:

6824 SOUTH WEST 114TH AVE  
MIAMI, FL 33173

## New Principal Place of Business:

15600 NW 7TH AVE  
SUITE 603  
MIAMI, FL 33169

## New Mailing Address:

15600 NW 7TH AVE  
C/O PHILIPPE MOISE , SUITE 603  
MIAMI, FL 33169

FEI Number: 04-3692038

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

DUCLAS, REYNOLD  
701 PROMENADE DRIVE  
SUITE 210  
PEMBROKE PINES, FL 33026 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: GARDERE, CHARLES A  
Address: 6824 SOUTH WEST 114TH AVE  
City-St-Zip: MIAMI, FL 33173

Title: D ( ) Delete  
Name: FRANTZ, NOAILLES  
Address: 6824 SOUTH WEST 114TH AVE  
City-St-Zip: MIAMI, FL 33173

Title: D ( ) Delete  
Name: MOISE, PHILLIPE L  
Address: 6824 SOUTH WEST 114TH AVE  
City-St-Zip: MIAMI, FL 33173

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition  
Name: GARDERE, CHARLES A  
Address: 12949 NW 7TH LN  
City-St-Zip: MIAMI, FL 331822363

Title: D (X) Change ( ) Addition  
Name: FRANTZ, NOAILLES  
Address: 15600 NW 7TH AVE, SUITE 603  
City-St-Zip: MIAMI, FL 33169

Title: D (X) Change ( ) Addition  
Name: MOISE, PHILIPPE L  
Address: 15600 NW 7TH AVE, SUITE 603  
City-St-Zip: MIAMI, FL 33169

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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PHILIPPE LESLY MOISE

MR

08/28/2007

Electronic Signature of Signing Officer or Director

Date