## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P02000044396

Name:

Address:

City-St-Zip:

MOISE, PHILIPPE L

MIAMI, FL 33169

15600 NW 7TH AVE, SUITE 603

FILED Apr 01, 2009 Secretary of State

Entity Name: GN - SYS INC.					
Current P	rincipal Pla	ce of Business:	New Principal Place o	New Principal Place of Business:	
15600 NW SUITE 603 MIAMI, FL	3				
Current M	ailing Addr	ess:	New Mailing Address	New Mailing Address:	
15600 NW C/O PHILIF MIAMI, FL	PPE MOISE	SUITE 603			
FEI Number:	04-3692038	FEI Number Applied For ( )	FEI Number Not Applicable ( )	Certificate of Status Desired ( )	
Name and Address of Current Registered Agent:			Name and Address of	Name and Address of New Registered Agent:	
DUCLAS, REYNOLD 701 PROMENADE DRIVE SUITE 210 PEMBROKE PINES, FL 33026 US			DUCLAS, REYNOLD 10620 GRIFFIN ROAD SUITE 101 COOPER CITY, FL 333	10620 GRIFFIN ROAD	
The above in the State		y submits this statement for the p	urpose of changing its registered	office or registered agent, or both,	
SIGNATURE: REYNOLD DUCLAS				04/01/2009	
	Electr	onic Signature of Registered Age	ent	Date	
Election Campaign Financing Trust Fund Contribution ( ).					
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	D GARDERE, C 12949 NW 7 MIAMI, FL 3	TH LN	Title: ( Name: Address: City-St-Zip:	) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	FRANTZ, NO	TH AVE, SUITE 603	Title: ( Name: Address: City-St-Zip:	) Change ( ) Addition	
Title:	D	( ) Delete	Title: (	) Change ( ) Addition	

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.

Name:

Address:

City-St-Zip:

SIGNATURE: CHARLES GARDERE D 04/01/2009