

2004 FOR PROFIT CORPORATION ANNUAL REPORT


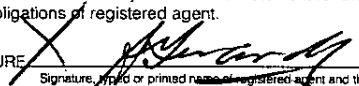
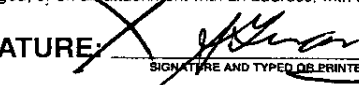
FILED
Mar 12, 2004 8:00 am
Secretary of State

03-12-2004 90013 029 ***150.00

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03012004 Chg-P CR2E034 (10/03)

DOCUMENT # P02000049826			
1. Entity Name GIRLA INFORMATION SYSTEM CONSULTING INC.			
Principal Place of Business 2164 NW 157 AVE PEMBROKE PINES, FL 33028		Mailing Address 2164 NW 157 AVE PEMBROKE PINES, FL 33028	
2. Principal Place of Business 16361 NW 20 St.		3. Mailing Address 16361 NW 20 St.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Pembroke Pines, FL		City & State Pembroke Pines, FL	
Zip 33028		Zip 33028	
Country		Country	
4. FEI Number 41-2039261		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent GIRARDI, ANGELA 2164 NW 157 AVE PEMBROKE PINES, FL 33028		7. Name and Address of New Registered Agent Name: Angela Girardi Street Address (P.O. Box Number is Not Acceptable): 16361 NW 20th Street City: Pembroke Pines FL Zip Code: 33028	
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:  Angela Girardi Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE			
<p>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</p>		<p>9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees</p>	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE P NAME GIRARDI, ANGELA STREET ADDRESS 2164 NW 157 AVE CITY-ST-ZIP PEMBROKE PINES, FL 33028	<input type="checkbox"/> Delete	TITLE P NAME Angela Girardi STREET ADDRESS 16361 NW 20th Street CITY-ST-ZIP Pembroke Pines FL 33028	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE V NAME LARA, VICTOR STREET ADDRESS 2164 NW 157 AVE CITY-ST-ZIP PEMBROKE PINES, FL 33028	<input type="checkbox"/> Delete	TITLE V NAME Victor Lara STREET ADDRESS 16361 NW 20th Street CITY-ST-ZIP Pembroke Pines, FL 33028	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: 		Date _____ Daytime Phone # _____	