

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 20, 2005 8:00 am
Secretary of State

01-20-2005 90026 025 ***150.00

DOCUMENT # P02000049826
 1. Entity Name
 GIRLA INFORMATION SYSTEM CONSULTING INC.



40003592



Principal Place of Business Mailing Address
~~16361 NW 20 ST.~~ ~~16361 NW 20 ST.~~
~~PEMBROKE PINES, FL 33028~~ ~~PEMBROKE PINES, FL 33028~~

2. Principal Place of Business 3. Mailing Address
 337 SW 185 Terrace 337 SW 185 Terrace
 Suite, Apt. #, etc. Suite, Apt. #, etc.

01152005 Chg-P CR2E034 (10/03)

City & State City & State
 Pembroke Pines, FL Pembroke Pines, FL
 Zip Country Zip Country
 33029 33029

4. FEI Number Applied For
 41-2039261 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 GIRARDI, ANGELA
~~16361 NW 20TH ST.~~
~~PEMBROKE PINES, FL 33028~~

7. Name and Address of New Registered Agent
 Name: Angela Girardi
 Street Address (P.O. Box Number is Not Acceptable): 337 SW 185 Terrace
 Pembroke Pines FL 33029

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* Angela Girardi DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE	P GIRARDI, ANGELA <input type="checkbox"/> Delete
NAME	GIRARDI, ANGELA
STREET ADDRESS	16361 NW 20TH ST.
CITY-ST-ZIP	PEMBROKE PINES, FL 33028
TITLE	V LARA, VICTOR <input type="checkbox"/> Delete
NAME	LARA, VICTOR
STREET ADDRESS	16361 NW 20TH ST.
CITY-ST-ZIP	PEMBROKE PINES, FL 33028
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	P Angela Girardi <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Angela Girardi
STREET ADDRESS	337 SW 185 Terrace
CITY-ST-ZIP	Pembroke Pines, FL 33029
TITLE	V Victor Lara <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Victor Lara
STREET ADDRESS	337 SW 185 Terrace
CITY-ST-ZIP	Pembroke Pines, FL 33029
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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: *Angela Girardi* Angela Girardi Date Daytime Phone #