2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000066563

323 SAND TREE DR

PALM BEACH GARDENS, FL 33410

Address:

City-St-Zip:

FILED Sep 14, 2004 Secretary of State

Entity Na	me: GIGA IN	FERNATIONAL, CORP.					
Current Principal Place of Business:			New Principal Place of Business:				
	TREE DR ACH GARDEN	S, FL 33410					
Current Mailing Address:			New Mailing Address:				
	TREE DR ACH GARDEN	S, FL 33410					
FEI Number	: 37-1434027	FEI Number Applied For ()	FEI Number Not Appl	icable ()	Certificate of Status Des	sired ()	
Name and	Address of (Current Registered Agent:	Name and	Address of	New Registered Agen	t:	
E & V GRE 6216 SW 8 MIAMI, FL		BIONAL, INC.					
	named entity of Florida.	submits this statement for the	purpose of changing i	ts registered	office or registered age	nt, or both,	
SIGNATUI	RE:						
	Electro	nic Signature of Registered A્	gent	t Date			
		3(2)(b), F.S., the corporation did r g Trust Fund Contribution ().	not receive the prior notic	e.			
OFFICER	S AND DIREC	TORS:	ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	GAVIRIA, FABI 323 SAND TRE		Title: Name: Address: City-St-Zip:	(() Change () Addition		
Title: Name: Address: City-St-Zip:	CEBALLOS, JI 323 SAND TRE) Delete ESUS ORLANDO G :E DR GARDENS, FL 33410	Title: Name: Address: City-St-Zip:	GIRALDO, JE 323 SAND TR			
Title: Name: Address: City-St-Zip:	GAVIRIA, SAN 323 SAND TRE		Title: Name: Address: City-St-Zip:	(() Change () Addition		
Title:	TD () Delete MARIA C	Title: Name:	() Change () Addition		

I hereby certify that the information supplied with this filing does not qualify for the 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 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.

Address:

City-St-Zip:

SIGNATURE: FABIO G GAVIRIA PD 09/14/2004