## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P02000116429

Entity Name: GA TELESIS HOLDINGS, INC.

FILED Apr 18, 2005 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:
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13000 NW 45TH AVENUE 5400 NW 35TH AVENUE OPA LOCKA, FL 33054

**BUILDING #16** 

FORT LAUDERDALE, FL 33309 US

**Current Mailing Address:** New Mailing Address:

13000 NW 45TH AVENUE 5400 NW 35TH AVENUE

OPA LOCKA, FL 33054 **BUILDING #16** 

FORT LAUDERDALE, FL 33309 US

FEI Number: 71-0918918 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of New Registered Agent: Name and Address of Current Registered Agent:

MOABERY, ABDOL MOABERY, ABDOL 13000 NW 45TH AVENUE 5400 NW 35TH AVENUE

OPA LOCKA, FL 33054 BUILDING #16 FORT LAUDERDALE, FL 33309 US

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: 04/18/2005

> Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Delete Title: (X) Change ( ) Addition

MOABERY, ABDOL MOABERY, ABDOL Name: Name: 13000 NW 45TH AVENUE 5400 NW 35TH AVENUE Address: Address:

City-St-Zip: OPA LOCKA, FL 33054 City-St-Zip: FORT LAUDERDALE, FL 33309 US

Title: Title: (X) Change ( ) Addition () Delete

TOUTT, ANDREW W Name: TOUTT, ANDREW W Name: 13000 NW 45TH AVENUE 5400 NW 35TH AVENUE Address: Address:

OPA LOCKA, FL 33054 FORT LAUDERDALE, FL 33309 US City-St-Zip: City-St-Zip:

( ) Delete Title: (X) Change ( ) Addition Title:

PORTLOCK, JOHN L Name: PORTLOCK, JOHN L Name: 13000 NW 45TH AVENUE 5400 NW 35TH AVENUE Address: Address: City-St-Zip: OPA LOCKA, FL 33054 City-St-Zip: FORT LAUDERDALE, FL 33309

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.

Ρ SIGNATURE: ABDOL MOABERY 04/18/2005