## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P02000116429

PORTLOCK, JOHN L

5400 NW 35TH AVENUE

FORT LAUDERDALE, FL 33309

Name:

Address: City-St-Zip:

Entity Name: GA TELESIS HOLDINGS, INC.

FILED Apr 23, 2009 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 5400 NW 35TH AVENUE **BUILDING #16** FORT LAUDERDALE, FL 33309 US **New Mailing Address: Current Mailing Address:** 5400 NW 35TH AVENUE **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 Current Registered Agent: Name and Address of New Registered Agent: MOABERY, ABDOL 5400 NW 35TH AVENUE **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: Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution ( ). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: ( ) Delete Title: () Change () Addition MOABERY, ABDOL Name: Name: 5400 NW 35TH AVENUE Address: Address: City-St-Zip: FORT LAUDERDALE, FL 33309 US City-St-Zip: Title: Title: () Delete () Change () Addition Name: TOUTT, ANDREW W Name: 5400 NW 35TH AVENUE Address: Address: FORT LAUDERDALE, FL 33309 US City-St-Zip: City-St-Zip: ( ) Delete Title: 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: ABDOL MOABERY P 04/23/2009