


**2003 FOR PROFIT CORPORATION
 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P02000119744		
1. Entity Name G I C INVESTMENTS, INC.		
Principal Place of Business P.O. BOX 83-6209 MIAMI, FL 33283		Mailing Address P.O. BOX 83-6209 MIAMI, FL 33283
2. Principal Place of Business <i>P.O. Box 83-6209</i>		3. Mailing Address <i>P.O. Box 83-6209</i>
City & State <i>MIAMI, FL</i>		City & State <i>MIAMI, FL</i>
Zip <i>33283</i>	Country <i>USA</i>	Zip <i>33283</i>
4. FEI Number <i>59-3762531</i>		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 NUNEZ, ALEJANDRO ESQ 260 GIRALDA AVE 2DN FLOOR CORAL GABLES, FL 33134		7. Name and Address of New Registered Agent Name <i>Jose M. SURIS TR.</i> Street Address (P.O. Box Number is Not Acceptable) <i>11966 SW 91 TR.</i> City <i>MIAMI</i> FL Zip Code <i>33186</i>
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: <i>[Signature]</i> Jose M. SURIS PD <i>4/29/03</i> <small>(NOTE: Registered Agent signature required when certifying)</small>		
FILE NOW!!! FEES \$160.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SURIS, JOSE P.O. BOX 83-6209 MIAMI, FL 33283 <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
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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: <i>[Signature]</i> Jose M SURIS PD <i>4/29/03</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<i>305-815 8735</i> <small>Company Phone #</small>

CR2E034 (10/02)