

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 21, 2004 8:00 am
Secretary of State

04-21-2004 90082 007 ***150.00

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1. Entity Name

GISEMAX, CORP.

Principal Place of Business

6708 NW 82ND AVE
 MIAMI FL 33166

Mailing Address

6708 NW 82ND AVE
 MIAMI FL 33166

04038244



MOORE CR2E034 (11/03)

2. Principal Place of Business

8333 NW 66 ST

3. Mailing Address

Suite, Apt. #, etc.

City & State

Miami FL

City & State

Miami FL

4. FEI Number

01-0769059

Applied For
 Not Applicable

Zip

33166

Country

USA

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

REHM, RODOLFO
 6708 NW 82ND AVE
 MIAMI FL 33166

Change to:
 Adriano Ortiz
 8333 NW 66 St
 FL 33166

7. Name and Address of New Registered Agent

Name: *Adriano Ortiz*
 Street: *8333 NW 66 St*
 City: *Miami* FL Zip Code: *33166*

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 *[Signature]*

Adriano Ortiz

04/16/04

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PT	<input type="checkbox"/> Delete
NAME	HORACIO BUCCELL, ROBERTO	
STREET ADDRESS	6708 NW 82ND AVE	
CITY-ST-ZIP	MIAMI FL 33166	
TITLE	VPS	<input type="checkbox"/> Delete
NAME	BUCCELLO, RENATO	
STREET ADDRESS	6708 NW 82ND AVE	
CITY-ST-ZIP	MIAMI FL 33166	
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	<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 checked="" type="checkbox"/> Change <input checked="" 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: *Renato Buccello*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/16/04 Date
305-436-3120 Daytime Phone #