


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 31, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # P02000119802**  
 1. Entity Name  
**GISEMAX, CORP.**



Principal Place of Business      Mailing Address  
**8333 NW 66 ST**      **8333 NW 66 ST**  
**MIAMI, FL 33166**      **MIAMI, FL 33166**

**DO NOT WRITE IN THIS SPACE**



03282006    No Chg-P    CR2E034 (11/05)

4. FEI Number      Applied For  
**01-0769059**      Not Applicable

5. Certificate of Status Desired        **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent  
**ORTIZ, ADRIAN**  
**8333 NW 66 ST**  
**MIAMI, FL 33166**

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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 Adriano Ortiz      DATE 03/27/06

Signature, typed or printed name of registered agent and filer if applicable. (NOTE: Registered Agent signature required when certifying)      DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.        **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PT
NAME	HORACIO BUCCELL, ROBERTO
STREET ADDRESS	8333 NW 66 STREET
CITY-ST-ZIP	MIAMI, FL 33166
TITLE	VPS
NAME	BUCCELLO, RENATO
STREET ADDRESS	8333 NW 66 STREET
CITY-ST-ZIP	MIAMI, FL 33166
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 filers empowered.

SIGNATURE: Horacio Buccello      DATE 05/27/06      (205) 4363

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Deadline Filing #