FILED May 12, 2003 8:00 am

UNI	IFORM	BUSINESS	REPORT	(UBR)		171ay 12, 2005 0.00 am	
DOCUMENT # P0200 1. Entity Name GIJ, INC.		P020001	27959			Secretary of State 05-12-2003 90203 024 ***150.00	
Principal Place of Business 1221 E ROBINSON ST ORLANDO FL 32801			Mailing Address 1221 E ROBINSON ST ORLANDO FL 32801				
2. Principal Place of Business			3. Mailing Address				
Suite, Apt. #, etc.			Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES	
City & State			City & State			4. FEI Number Applied For Not Applicable	
Zip	Cour		ip	Country		5. Certificate of Status Desired S8.75 Additional Fee Required	
	6. Name and Ad	ddress of Current Registe	ered Agent	Name		7. Name and Address of New Registered Agent	
FONG, DAVID 1221 E ROBINSON ST			-		ss (P.C	D. Box Number is Not Acceptable)	
ORLANDO	FL 32801			City	_	FL Zip Code	
SIGNATURE _	ons of registered ag Signature, typed or printed LE NOW!!! FEE May 1, 2003 Fee	name of registered agent and title if	applicable. (NOTE: F	Registered Agent signature requ	Jired wh	9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees	
Make Check	Payable to Florid	ia Department of State OFFICERS AND DIRECT		11.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS	PD FONG, GEORGE 1221 E ROBINSO ORLANDO FL 32	ON ST	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	~ -	Change Addition	
TITLÉ NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition	
TITLE NAME -STREET ADDRESS CITY-ST-ZIP	in management for the state of	المعادية ال المعادية المعادية ا	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	~~	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete	THILE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ 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.

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

TITLE

NAME STREET ADDRESS

CITY-ST-ZIP

☐ Delete

2003 FOR PROFIT CORPORAT

☐ Change

☐ Addition