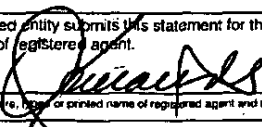
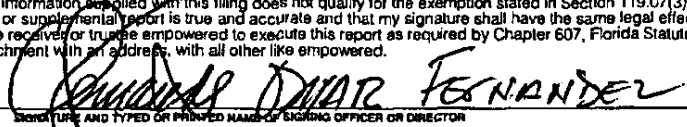


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2004 8:00 am
Secretary of State

04-16-2004 90096 001 ***158.75

DOCUMENT # P03000029808 1. Entity Name G.I.S.P. INTERNATIONAL, INC.					
Principal Place of Business 1833 SW 104 PLACE MIAMI, FL 33165			Mailing Address 1833 SW 104 PLACE MIAMI, FL 33165		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
6. Name and Address of Current Registered Agent FERNANDEZ, OMAR 1833 SW 104 PLACE MIAMI, FL 33165				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City, State, Zip Code	
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:  DATE: 4/13/04 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE: P/D ☐ Delete NAME: FERNANDEZ, OMAR STREET ADDRESS: 1833 SW 104 PLACE CITY- ST- ZIP: MIAMI, FL 33165				TITLE: ☐ Change ☐ Addition NAME: STREET ADDRESS: CITY- ST- ZIP:	
TITLE: ☐ Delete NAME: STREET ADDRESS: CITY- ST- ZIP:				TITLE: ☐ Change ☐ Addition NAME: STREET ADDRESS: CITY- ST- ZIP:	
TITLE: ☐ Delete NAME: STREET ADDRESS: CITY- ST- ZIP:				TITLE: ☐ Change ☐ Addition NAME: STREET ADDRESS: CITY- ST- ZIP:	
TITLE: ☐ Delete NAME: STREET ADDRESS: CITY- ST- ZIP:				TITLE: ☐ Change ☐ Addition NAME: STREET ADDRESS: CITY- ST- ZIP:	
TITLE: ☐ Delete NAME: STREET ADDRESS: CITY- ST- ZIP:				TITLE: ☐ Change ☐ 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)(f), 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:  DATE: 4/13/04 305-227-9551 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					

66417091



04102004 Chg-P CR2E034 (10/03)

4. FEI Number 30-0157842 Applied For Not Applicable

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

FL- Zip Code

DATE

Daytime Phone #