

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 26, 2004 8:00 am
Secretary of State

03-26-2004 90009 043 ***150.00

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03232004 Chg-P CR2E034 (10/03)

DOCUMENT # P03000094095 1. Entity Name GISALOP CORP.					
Principal Place of Business % LUIS A. ARTIME 888 BRICKELL AVENUE, FIFTH FLOOR MIAMI, FL 33131			Mailing Address % LUIS A. ARTIME 888 BRICKELL AVENUE, FIFTH FLOOR MIAMI, FL 33131		
2. Principal Place of Business 16711 COLLINS AVENUE		3. Mailing Address 16711 COLLINS AVENUE			
Suite, Apt. #, etc. #2402		Suite, Apt. #, etc. #2402			
City & State SUNNY ISLE, FLORIDA		City & State SUNNY ISLE, FLORIDA		4. FEI Number 34-1986231	
Zip 33160		Country US		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent RIERA, JOSE L CPA 340 SEVILLA AVENUE CORAL GABLES, FL			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		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	D <input type="checkbox"/> Delete LOPEZ, GUILLERMO S C/O 888 BRICKELL AVENUE, FIFTH FLOOR MIAMI, FL 33131		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Change <input type="checkbox"/> Addition LOPEZ, GUILLERMO S. 16711 COLLINS AVENUE #2402 SUNNY ISLE, FLORIDA 33160	
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	
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	
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: Guillermo S. Lopez 03/23/2004 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					