

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000128362

FILED  
May 10, 2006  
Secretary of State

Entity Name: GIGI SERVICES, INC.

**Current Principal Place of Business:**

4535 22ND STREET SE  
NAPLES, FL 34120

**New Principal Place of Business:**

4535 22ND STREET NE  
NAPLES, FL 34120

**Current Mailing Address:**

4535 22ND STREET SE  
NAPLES, FL 34120

**New Mailing Address:**

4535 22ND STREET NE  
NAPLES, FL 34120

FEI Number: 20-1630768

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

GUTIERREZ, GUSTAVO  
4535 22ND ST SE  
NAPLES, FL 34120 US

**Name and Address of New Registered Agent:**

GUTIERREZ, GUSTAVO  
4535 22ND ST NE  
NAPLES, FL 34120 US

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.

SIGNATURE: PERLA CAMPBELL

05/10/2006

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: GUTIERREZ, GUSTAVO  
Address: 4535 22ND STREET SE  
City-St-Zip: NAPLES, FL 34120

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P (X) Change ( ) Addition  
Name: GUTIERREZ, GUSTAVO  
Address: 4535 22ND STREET NE  
City-St-Zip: NAPLES, FL 34120

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PERLA CAMPBELL

MRS.

05/10/2006

Electronic Signature of Signing Officer or Director

Date