2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000143614

Entity Name: GIGABITS LAN CENTER, INC

2751 MUSCATELLO ST

ORLANDO, FL 32837

Address:

City-St-Zip:

FILED Apr 13, 2006 Secretary of State

Entity Nai	me: GIGAI	BITS LAN CENTE	R, INC.					
Current Principal Place of Business:				New Principal Place of Business:				
	VERSITY E D, FL 3281							
Current Mailing Address:				New Mailing Address:				
	VERSITY E D, FL 3281							
FEI Number:	: 57-1213794	FEI Number A	pplied For ()	FEI Number Not Appl	icable ()	Certificate of Status I	Desired ()	
Name and Address of Current Registered Agent:				Name and	Name and Address of New Registered Agent:			
11333 MO ORLANDO	D, FL 3282	CREEK CIR. 5 US	atomont for the p	urnoso of changing i	ts registered	office or registered a	gont or both	
in the State	e of Florida	iity submits triis st	atement for the pi	urpose of changing i	is registered	office of registered ag	gent, or both,	
SIGNATUR	RE:							
	Elec	tronic Signature o	f Registered Age	nt		Date		
Election Car	mpaign Finar	ncing Trust Fund Co	ntribution ().					
OFFICERS AND DIRECTORS:				ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:		() Delete 1ANUEL E DNSHINE CREEK CIR FL 32825		Title: Name: Address: City-St-Zip:	,	() Change () Addition		
Title: Name: Address: City-St-Zip:	8315 BAYV	() Delete RANCISCO L VOOD VISTA DR. FL 32810		Title: Name: Address: City-St-Zip:	,	() Change () Addition		
Title: Name:	S LOZADA, F	() Delete ROBERTO		Title: Name:	S MARTINEZ, M	(X) Change () Addition		

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.

Address:

City-St-Zip:

SIGNATURE: MANUEL E. LOZADA D 04/13/2006

11333 MOONSHINE CREEK CIR

ORLANDO, FL 32825