

**2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# P05000105465

**FILED**  
**Sep 10, 2009**  
**Secretary of State****Entity Name:** GISA CORP.**Current Principal Place of Business:**8919 SW 150 N. CT. CR.  
MIAMI, FL 33196**New Principal Place of Business:**13727 SW 103 TERRACE  
MIAMI, FL 33186**Current Mailing Address:**8919 SW 150 N. CT. CR.  
MIAMI, FL 33196**New Mailing Address:**13727 SW 103 TERRACE  
MIAMI, FL 33186**FEI Number:** 20-3223757**FEI Number Applied For ( )****FEI Number Not Applicable ( )****Certificate of Status Desired ( )****Name and Address of Current Registered Agent:**AVILA-SOL, HECTOR PRES.  
8919 SW 150 N. CT. CR.  
MIAMI, FL 33196 US**Name and Address of New Registered Agent:**LANE, DAVID PRES.  
13727 SW 103 TERRACE  
MIAMI, FL 33186 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: DAVID LANE

09/10/2009

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: AVILA-SOL, HECTOR  
Address: 8919 SW 150 N. CT. CR.  
City-St-Zip: MIAMI, FL 33196

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

Title: P (X) Change ( ) Addition  
Name: LANE, DAVID  
Address: 13727 SW 103 TERRACE  
City-St-Zip: MIAMI, FL 33186

I hereby certify that the information supplied with this filing does not qualify 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: DAVID LANE

PRES

09/10/2009

Electronic Signature of Signing Officer or Director

Date