


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2005 8:00 am
Secretary of State

04-29-2005 90221 048 ***150.00

DOCUMENT # P93000068490	
1. Entity Name GINALSA, INC.	

Principal Place of Business 8745 SW 152ND AVE STE #213 MIAMI, FL 33193 US	Mailing Address 8745 SW 152ND AVE STE #213 MIAMI, FL 33193 US
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14007853



04072005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0441412	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent IVONNE, SCHMALBACH 8745 SW 152ND AVE STE #213 MIAMI, FL 33193	DO NOT WRITE IN THIS SPACE
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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 *Ivonne Schmalbach* *Ivonne I Schmalbach D* 4-25-05
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BORACE, GIOVANNI 8745 SW 152 AV #213 MIAMI, FL 33193
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D IVONNE, SCHMALBACH B 8745 SW 152 AVE #213 MIAMI, FL 33193
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Giovanni A. Borace 8745 SW 152 Ave # 213 Miami, FL 33193
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D. Gary Fongela Three Island Blvd. Apart. # 501 Hallandale Beach FL 33009
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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: *Giovanni Borace* Giovanni Borace Director 04/25/03 (305)282-4217
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #