2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000046181

Title:

Name:

Address:

City-St-Zip:

FILED Jan 05, 2007 Secretary of State

Entity Nar	me: G.I.S., INC	O.					
Current Principal Place of Business:				New Principal Place of Business:			
2842 NW 7 DORAL, FI		5					
Current Mailing Address:				New Mailing Address:			
2842 NW 7 DORAL, FI		5					
FEI Number:	: 65-0584421	FEI Number Applied For()	FEI Nur	mber Not Appl	icable ()	Certificate of	Status Desired ()
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:			
ARMENTE 2842 NW 7 DORAL, FI		6					
	named entity see of Florida.	submits this statement for th	he purpose o	of changing i	ts registere	d office or registe	ered agent, or both,
SIGNATUR	RE:						
Electronic Signature of Registered Agent				Date			
Election Car	npaign Financing	g Trust Fund Contribution ().					
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	S () ARMENTEROS 821 MARIARA CORAL GABLE	AVE		Title: Name: Address: City-St-Zip:	S ARMENTER 436 ALEDO CORAL GAR		dition
Title: Name: Address: City-St-Zip:	VEGA, ALFRED 17504 S.W. 12			Title: Name: Address: City-St-Zip:	1330 WEST	(X) Change () Add OS, OMAR J AVENUE APT 2301 CH, FL 33139	
Title: Name: Address: City-St-Zip:	P () ARMENTEROS 13980 S.W. 149 MIAMI, FL 331	5TH PLACE		Title: Name: Address: City-St-Zip:	V MEHLER, M 13980 S.W. MIAMI, FL 3	145TH PLACE	dition

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.

Title:

Name:

Address:

City-St-Zip:

SIGNATURE: OMAR ARMENTEROS P 01/05/2007

(X) Delete

MEHLER, MATTHEW

MIAMI, FL 33186

13980 S.W. 145TH PLACE

() Change () Addition