

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 09, 2008 08:00 A**  
**Secretary of State**

**DOCUMENT # P94000046181**

1. Entity Name  
G.I.S., INC.



Principal Place of Business  
2842 NW 79 AVE  
DORAL, FL 33122 US

Mailing Address  
2842 NW 79 AVE  
DORAL, FL 33122 US



01072008 No Chg-P CR2E034 (11/05)

4. FEI Number  
65-0584421

Applied For  
Not Applicable

5. Certificate of Status Desired

☒ \$8.75 Additional  
Fee Required

**DO NOT WRITE IN THIS SPACE**

**6. Name and Address of Current Registered Agent**

ARMENTEROS, OMAR  
2842 NW 79 AVE  
DORAL, FL 33122

**DO NOT WRITE  
IN THIS SPACE**

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

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, 2008 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE	S
NAME	ARMENTEROS, OMAR S
STREET ADDRESS	436 ALEDO AVE
CITY-ST-ZIP	CORAL GABLES, FL
TITLE	P
NAME	ARMENTEROS, OMAR J
STREET ADDRESS	1330 WEST AVENUE APT 2301
CITY-ST-ZIP	MIAMI BEACH, FL 33139
TITLE	V
NAME	MEHLER, MATTHEW
STREET ADDRESS	13980 S.W. 145TH PLACE
CITY-ST-ZIP	MIAMI, FL 33186
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

000000776750  
01/09/08-80036-019 158.75

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/08/08 (305)265-0447  
Date Daytime Phone #