

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 23, 2005 08:00 AM
Secretary of State

DOCUMENT # P97000039312

1. Entity Name
GIGO MANAGEMENT SYSTEMS, INC.



Principal Place of Business ...
18400 WEST DIXIE HIGHWAY SUITE D
NORTH MIAMI BEACH, FL 33160

Mailing Address
18400 WEST DIXIE HIGHWAY SUITE D
NORTH MIAMI BEACH, FL 33160



03172005 No Chg-P CR2E034 (10/03)

4. FEI Number
65-0758086

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

SHIDLOWSKY, HOWARD
18400 WEST DIXIE HIGHWAY SUITE D
NORTH MIAMI BEACH, FL 33160

**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, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be
Added to Fees

U000000272785
03/23/05-80001-010 150.00

10. OFFICERS AND DIRECTORS

TITLE PD
NAME SHIDLOWSKY, HOWARD
STREET ADDRESS 18400 WEST DIXIE HIGHWAY SUITE D
CITY-ST-ZIP NORTH MIAMI BEACH, FL 33160

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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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/21/05