


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 21, 2004 8:00 am
Secretary of State

05-21-2004 90003 020 ***150.00

DOCUMENT # P99000020219	
1. Entity Name GISELA SALES PROMOTIONS, INC.	

Principal Place of Business 407 LINCOLN ROAD SUITE #9M MIAMI, FL 33135	Mailing Address 407 LINCOLN ROAD SUITE #9M MIAMI, FL 33135
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04000081

2. Principal Place of Business 5701 Collins Ave. Suite, Apt. #, etc. Apt. #1512 City & State Miami Beach, FL Zip 33140	3. Mailing Address 5701 Collins Ave. Suite, Apt. #, etc. Apt. #1512 City & State Miami Beach, FL Zip 33140
Country USA	Country USA



05132004 Chg-P CR2E034 (10/03)

6. Name and Address of Current Registered Agent PINES-CONTE, ELIZABETH C ESQ. 3301 PONCE DE LEON BLVD. SUITE 200 CORAL GABLES, FL 33134	
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PS QUINTANA, SILVIA 5701 COLLINS AVE # 1512 MIAMI, FL 33140 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 reports 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: *S. G. Quintana* **05/17/04** **(305) 868 0120**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #