

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jul 17, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # V31476**

1. Entity Name  
**GIZ STUDIO, INC.**



Principal Place of Business  
**601 NW 11TH STREET  
MIAMI, FL 33136 US**

Mailing Address  
**601 NW 11TH STREET  
MIAMI, FL 33136 US**

**DO NOT WRITE IN THIS SPACE**



06302006 No Chg-P CR2E034 (11/05)

4. FEI Number  
**65-0331913**

Applied For  
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

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

**SERRA, ROLANDO  
601 NW 11TH STREET  
MIAMI, FL 33136**

**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)

**U00000571061**  
**07/18/06-80022-007 550.00**

**FILE NOW!!! FEE IS \$550.00  
Due by September 6, 2006**

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

**10. OFFICERS AND DIRECTORS**

|                |                        |
|----------------|------------------------|
| TITLE          | PTD                    |
| NAME           | SERRA, ROLANDO E       |
| STREET ADDRESS | 400 VALENCIA, #1       |
| CITY-ST-ZIP    | CORAL GABLES, FL 33139 |
| TITLE          | VSD                    |
| NAME           | SCHWARTZ, ROBERT       |
| STREET ADDRESS | 601 NW 11TH STREET     |
| CITY-ST-ZIP    | MIAMI, FL 33136        |
| TITLE          |                        |
| NAME           |                        |
| STREET ADDRESS |                        |
| CITY-ST-ZIP    |                        |
| 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 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

**7-11-06**

Date

**305 416 5001**

Daytime Phone #