**FILED** 

## 2003 FOR PROFIT CORPORATION

Aug 25, 2003 8:00 am § · UNIFORM BUSINESS REPORT (UBR) Secretary of State V31476 DOCUMENT # 08-25-2003 90097 025 \*\*\*550.00 1. Entity Name GIZ STUDIO, INC. Principal Place of Business Mailing Address 7175 S. W. 47TH STREET 7175 S. W. 47TH STREET #207 #207 MIAMI FL 33155 MIAMI FL 33155 US US 2. Principal Place of Business 3. Mailing Address NW 1174 STREET STREET 601 bol NW Suite, Apt. #, etc Suite, Apt. #, etc. Y CHECK HERE IF MAKING CHANGES City & State City & State 4. FEI Number Applied For 65-0331913 ハルカルハ Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent ROLANDO SOLIS, PEDRO M Street Address (P.O. Box Number is Not Acceptable) 7175 S. W. 47TH STREET #207 **MIAMI FL 33155** MAIM 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 SIGNATURE . (NOTE: Registered Agent signature required when reinstating) re, typed or printed name of registered agent and title if applicable FILE NOW!!! FEE IS \$550.00 9. Election Campaign Financing \$5.00 May Be After September 10, 2003 Fee will be \$750.00 Added to Fees Trust Fund Contribution. Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE Delete TITLE ☐ Change Addition SERRA, ROLANDO E NAME NAME 400 VALENCIA, #1 STREET ADDRESS STREET ADDRESS **CORAL GABLES FL 33139** CITY-ST-ZIP CITY-ST-ZIP Robert Schwartz TITLE VSD Delete \* Change ☐ Addition NAME SOLIS, PEDRO M NAME 19901 E Country Out Dring # 605 Avonus 6325 S. W. 93RD PLACE ---STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33173 ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAMÉ STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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

**SIGNATURE:** 

changed, or on an attachment with an au

with all other like empowered