

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # 312955

1. Entity Name  
GILDA INDUSTRIES, INC.



04 MAR 26 PM 4:23

TALLAHASSEE, FLORIDA

Principal Place of Business  
2300 CORAL WAY  
SUITE 200  
MIAMI, FL 33145

Mailing Address  
2300 CORAL WAY  
SUITE 200  
MIAMI, FL 33145

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

02252004

Chg-P

CR2E034 (10/03)

4. FEI Number  
59-1163789

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

FLORIDA ANNUAL REPORT SERVICES INC  
2300 CORAL WAY  
SUITE 200  
MIAMI, FL 33145

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

AMADA CAMERA 10 PEZ 3/15/04

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE: PD ☒ Delete  
NAME: BLAZQUEZ, ANTONIO JR  
STREET ADDRESS: 9400 OLD CUTLER ROAD  
CITY-ST-ZIP: CORAL GABLES, FL 33156

TITLE: SD ☐ Delete  
NAME: BLAZQUEZ, JUAN  
STREET ADDRESS: 9400 OLD CUTLER ROAD  
CITY-ST-ZIP: CORAL GABLES, FL 33156

TITLE: D ☐ Delete  
NAME: BUSQUETS, CARMEN  
STREET ADDRESS: 2525 W 4TH AVENUE  
CITY-ST-ZIP: HIALEAH, FL 33010

TITLE: ☐ Delete  
NAME:   
STREET ADDRESS:   
CITY-ST-ZIP:

TITLE: ☐ Delete  
NAME:   
STREET ADDRESS:   
CITY-ST-ZIP:

TITLE: ☐ Delete  
NAME:   
STREET ADDRESS:   
CITY-ST-ZIP:

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE: ☐ Change ☐ Addition  
NAME:   
STREET ADDRESS: 700031546417  
CITY-ST-ZIP: 03/31/04--01017--004 \*\*150.00

TITLE: PSD ☒ Change ☐ Addition  
NAME:   
STREET ADDRESS:   
CITY-ST-ZIP:

TITLE: ☐ Change ☐ Addition  
NAME:   
STREET ADDRESS:   
CITY-ST-ZIP:

TITLE: ☐ Change ☐ Addition  
NAME:   
STREET ADDRESS:   
CITY-ST-ZIP:

TITLE: ☐ Change ☐ Addition  
NAME:   
STREET ADDRESS:   
CITY-ST-ZIP:

TITLE: ☐ Change ☐ Addition  
NAME:   
STREET ADDRESS:   
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 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 #

3/15/04