

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 08, 2007 08:00 A
Secretary of State

DOCUMENT # 433143 1. Entity Name GIBRALTA ENTERPRISES, INC.	
---	---

Principal Place of Business 415 S. FEDERAL HWY. P. O. BOX 247 DANIA, FL 33004	Mailing Address 415 S. FEDERAL HWY. P. O. BOX 247 DANIA, FL 33004
--	--

DO NOT WRITE IN THIS SPACE



01112007 No Chg-P CR2E034 (11/05)

4. FEI Number 59-1564971	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ADMIN CORP
415 S. FEDERAL HWY.
DANIA, FL 33004

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 _____ 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
After May 1, 2007 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GOODMAN, MURRAY 413 S. FEDERAL HWY DANIA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD BARR, E. 415 S. FEDERAL HWY DANIA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD GOODMAN, M. J. 413 S. FEDERAL HWY DANIA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BARR, NORMAN 415 S. FEDERAL HWY DANIA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000627251
02/15/07-80054-014 150.00

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: Murray M Goodman 02-01-07 954920-2727
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #