2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 09, 2009
Secretary of State

DOCUMENT# 433143

Entity Name: GIBRALTA ENTERPRISES, INC.

Current Principal Place of Business:

415 S. FEDERAL HWY.
P. O. BOX 247
DANIA, FL 33004

New Principal Place of Business:

Current Mailing Address:

415 S. FEDERAL HWY.
P. O. BOX 247
DANIA, FL 33004

New Mailing Address:

FEI Number: 59-1564971 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: TD ( ) Delete
Name: BARR, E.,
Address: 415 S. FEDERAL HWY
City-St-Zip: DANIA, FL

Title: SD ( ) Delete
Name: GOODMAN, M.J.
Address: 413 S. FEDERAL HWY
City-St-Zip: DANIA BEACH, FL

Title: VD ( ) Delete
Name: BARR, NORMAN,
Address: 415 S. FEDERAL HWY
City-St-Zip: DANIA, FL

Title: SD ( ) Delete
Name: CHAMPAGNE, NICOLE
Address: 310 SE 4TH TERRACE
City-St-Zip: DANIA BEACH, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: TD (X) Change ( ) Addition
Name: BARR, EDITH
Address: 415 S. FEDERAL HWY
City-St-Zip: DANIA, FL 33004

Title: PD (X) Change ( ) Addition
Name: GOODMAN, MARJORIE J
Address: 413 S. FEDERAL HWY
City-St-Zip: DANIA BEACH, FL 33004

Title: VD (X) Change ( ) Addition
Name: BARR, NORMAN
Address: 415 S. FEDERAL HWY
City-St-Zip: DANIA, FL 33004

Title: SD (X) Change ( ) Addition
Name: CHAMPAGNE, NICOLE
Address: 310 SE 4TH TERRACE
City-St-Zip: DANIA BEACH, FL 33004

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: NICOLE CHAMPAGNE S 01/09/2009

Electronic Signature of Signing Officer or Director — Date