

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

Apr 08, 2005 08:00 AM
Secretary of State

DOCUMENT # 692792 1. Entity Name HERSHELL GILL CONSULTING ENGINEERS, INC.	
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Principal Place of Business 4601 PONCE DE LEON BLVD, S-350 CORAL GABLES, FL 33146	Mailing Address 4601 PONCE DE LEON BLVD, S-350 CORAL GABLES, FL 33146
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04052005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2103492	Applied For ☐ Not Applicable
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5. Certificate of Status Desired ☒	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent GILL, HERSHELL 4601 PONCE DE LEON BLVD SUITE 350 CORAL GABLES, FL 33146

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.

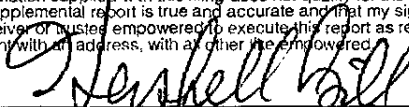
SIGNATURE _____ Signature, typed or printed name of registered agent and filer if applicable (NOTE: Registered Agent signature required when resigning)	DATE _____
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FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S GILL, VIVIAN NEWTON 7848 S.W. 139 TERR. MIAMI, FL 33158
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP GILL, HERSHELL 7848 S.W. 139 TERR. MIAMI, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V HERNANDEZ, ROBERTO L 1214 FERDINAND ST CORAL GABLES, FL 33134
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

U000000293909 04/08/05-80048-013 158.75
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 the empowered.

SIGNATURE:  HERSHELL GILL	3/31/05 (305) 667-3631
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date Daytime Phone #