2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

## Jan 27, 2006 08:00 AM **Secretary of State** DOCUMENT # F08477 1. Entity Name GIBRALTER CAPITAL CORPORATION Principal Place of Business Mailing Address 513 BENEDICTINE TERRACE SEBASTIAN FL 32958 513 BENEDICTINE TERRACE SEBASTIAN FL 32958 2. Principal Place of Business 3. Mailing Address Suite, Apt. II, etc. Surte, Apt. #, etc. 1st MOORE CR2E034 (10/05) City & State City & State 4. FEI Number Applied For NO-T APPLICABLE Not Applie Zip Country 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 Name AGRILLO, JOSEPHINE C 513 BENEDICTINE TERRACE SEBASTIAN FL 32958 Street Address (P.O. Box Number is Not Acceptable) 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 according to the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and according to the purpose of changing its registered office or registered agent, or both, in the State of Florida. the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable INOTE. Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May : After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS Change ☐ Addition THILE ☐ Delete DALE AGRILLO, JOSEPHINE C NAME U000004065**48** 02/07/06-80090-0**23** 1**50.00** STREET ADDRESS 513 BENEDICTINE TERRACE STREET ADDRESS CATY-ST-ZIP CITY-ST-ZIP SEBASTIAN FL STIR ☐ Change Addition Delete THE NAME NAME STREET ADUBESS STREET ADDRESS CITY-ST-ZIP City-Si-IP TITLE ☐ Delete HILE ☐ Charge ■ MATE ■ 14/1/15 NAME STRUET AUDRESS STREET AUDITESS CITY ST-ZIP EITY-ST-ZIP Channe Agreiii TITLE Detete HILE NAME NAME STREET ACCRESS STREET ADDRESS CITY-ST-ZIP CITY-\$1-278 TITLE ☐ Detete THILE ☐ Change Artes NAME NAME STREET ADDRESS STREET ADDRESS CHY- S7-7/E City-St-ZIP ■ Additio □ Delete TITLE ☐ Change TITLE NAME NAME STREET ACORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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.

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if changed, or on an attachment with an address, with all other like empowered.

**FILED**