


**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 24, 2008 08:00 A**  
**Secretary of State**

<b>DOCUMENT # K70939</b> 1. Entity Name GIL DEVELOPMENT, INC.	
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Principal Place of Business 7300 SOUTHWEST 93RD AVENUE SUITE 210 MIAMI, FL 33173 US	Mailing Address 7300 SOUTHWEST 93RD AVENUE SUITE 210 MIAMI, FL 33173 US
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01092008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 65-0104591	Applied For Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

**6. Name and Address of Current Registered Agent**

GIL, AUGUSTO J  
7300 SOUTHWEST 93 AVENUE  
SUITE 210  
MIAMI, FL 33173

**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 title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2008 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	DS GIL, AUGUSTO J. 7300 SOUTHWEST 93 AVENUE SUITE 210 MIAMI, FL 33173
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S GIL, JULIA 7300 SOUTHWEST 93 AVENUE SUITE 210 MIAMI, FL 33173
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T GIL, ALEJANDRO 7300 SOUTHWEST 93 AVENUE SUITE 210 MIAMI, FL 33173
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01/25/08-80013-013 150.00

**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:**

*Julia Gil*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/16/08  
Date

(305) 598-4002  
Daytime Phone #