

**2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

**FILED  
Oct 13, 2009  
Secretary of State**

DOCUMENT# K70939

Entity Name: GIL DEVELOPMENT, INC.

**Current Principal Place of Business:**

7300 SOUTHWEST 93RD AVENUE  
SUITE 210  
MIAMI, FL 33173 US

**New Principal Place of Business:**

**Current Mailing Address:**

7300 SOUTHWEST 93RD AVENUE  
SUITE 210  
MIAMI, FL 33173 US

**New Mailing Address:**

FEI Number: 65-0104591      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

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

**OFFICERS AND DIRECTORS:**

Title: DS ( ) Delete  
Name: GIL, AUGUSTO J.  
Address: 7300 SOUTHWEST 93 AVENUE SUITE 210  
City-St-Zip: MIAMI, FL 33173

Title: S ( ) Delete  
Name: GIL, JULIA  
Address: 7300 SOUTHWEST 93 AVENUE SUITE 210  
City-St-Zip: MIAMI, FL 33173

Title: T ( ) Delete  
Name: GIL, ALEJANDRO  
Address: 7300 SOUTHWEST 93 AVENUE SUITE 210  
City-St-Zip: MIAMI, FL 33173

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P (X) Change ( ) Addition  
Name: GIL, AUGUSTO J.  
Address: 7300 SOUTHWEST 93 AVENUE SUITE 210  
City-St-Zip: MIAMI, FL 33173

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: AUGUSTO J. GIL

P

10/13/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date