

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L50439

FILED  
Feb 11, 2011  
Secretary of State

Entity Name: GILFRAN ENTERPRISES, INC.

**Current Principal Place of Business:**

8844 STARHAVEN COVE  
BOYNTON BEACH, FL 334473 US

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 811089  
BOCA RATON, FL 33481 US

**New Mailing Address:**

PO BOX 740545  
BOYNTON BEACH, FL 33474 US

FEI Number: 65-0173652

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

LESLIE, JODY  
515E LAS OLAS BLVD.  
SUITE 1150  
FT. LAUDERDALE, FL 33301 US

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

LESLIE, JODY  
2400 EAST COMMERCIAL BLVD  
SUITE 720  
FT. LAUDERDALE, FL 33308 US

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

02/11/2011

Date

**OFFICERS AND DIRECTORS:**

Title: PTM  
Name: GILL, CARLOS A  
Address: 8844 STARHAVEN COVE  
City-St-Zip: BOYNTON BEACH, FL 33473 US

Title: S  
Name: WEEKS, LILIA  
Address: 13809 NW 22ND PL  
City-St-Zip: SUNRISE, FL 33323

I hereby 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 all other like empowered.

SIGNATURE: CARLOS A GILL

Electronic Signature of Signing Officer or Director

PTM

02/11/2011

Date