

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 03, 2006 08:00 AM
Secretary of State

DOCUMENT # M12486

1. Entity Name

GIL'S FRUITS AND FLOWERS, INC.



Principal Place of Business

C/O JORGE G. RAVELO
1848 N.W. 17TH AVENUE
MIAMI, FL 33125

Mailing Address

C/O JORGE G. RAVELO
1848 N.W. 17TH AVENUE
MIAMI, FL 33125



01312006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2583857

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

RAVELO, JORGE G.
1848 N.W. 17TH AVENUE
MIAMI, FL 33125

**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, 2006 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

1000001454423
03/15/06-80015-003 150.00

10. OFFICERS AND DIRECTORS

TITLE P
NAME RAVELO, JORGE G.
STREET ADDRESS 1860 NW 17TH AVE
CITY-ST-ZIP MIAMI, FL

TITLE VP
NAME RAVELO, GIL
STREET ADDRESS 1860 NW 17TH AVE
CITY-ST-ZIP MIAMI, FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

X 2/28/06

Daytime Phone If