



**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 18, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # M17926</b>						
1. Entity Name <b>GILMER FARMS INC.</b>						
Principal Place of Business <b>12325 SW 72 STREET MIAMI, FL 33183</b>	Mailing Address <b>3400 S.W. 102ND AVENUE MIAMI, FL 33165</b>					
<b>DO NOT WRITE IN THIS SPACE</b>						
		 01112007 No Chg-P CR2E034 (11/05)				
		<table border="1" style="width: 100%; border-collapse: collapse;"><tr><td style="width: 80%;">4. FEI Number <b>59-2547659</b></td><td style="width: 20%;">Applied For <input type="checkbox"/> Not Applicable</td></tr><tr><td colspan="2">5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required</td></tr></table>	4. FEI Number <b>59-2547659</b>	Applied For <input type="checkbox"/> Not Applicable	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	
4. FEI Number <b>59-2547659</b>	Applied For <input type="checkbox"/> Not Applicable					
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required						
<b>6. Name and Address of Current Registered Agent</b>						
<b>GARCIA, PABLO A. 7530 SW 60TH ST MIAMI, FL 33143</b>		<b>DO NOT WRITE IN THIS SPACE</b>				
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____						
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees				
		000000590500 01/18/07-80059-004 150.00				
<b>10. OFFICERS AND DIRECTORS</b>						
TITLE	D					
NAME	GARCIA, JOSE A.					
STREET ADDRESS	3400 SW 102 AVENUE					
CITY- ST- ZIP	MIAMI, FL					
TITLE	DV					
NAME	GARCIA, PABLO A.					
STREET ADDRESS	7530 SW 60TH ST					
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						
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 power like empowered						
<b>SIGNATURE:</b> _____		Date <b>1/15/07</b> Daytime Phone # <b>305 595-4098</b>				
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR						