2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

	***************************************	<u> </u>			
DOCUMENT # M79359 1. Entity Name				Feb 17, 2006 08:00 AM Secretary of State	
G. I. L. IN	VESTMENTS, INC.	- ·			
Principal Plac	e of Business	Mailing Address	- <u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>		
8720 SHADOW WOOD BLVD.		8720 SHADOW WOOD	BLVD.	(TOTAL AND	
#108 CORAL SPRINGS FL 33071		#108 CORAL SPRINGS FL 33	071		
2. Principal Place of Business		3. Mailing Address		t raniestit tit toom mine tehte titt soon teen tiet op 100 to	
Suite, Apt. II., etc.		Suite, Apt. #, etc.		1st MOORE CR2E034 (10/05)	
City & Stat	е	City & State		4. FEI Number 65-0047198 Applied For Not Applied	
Zip	Country	Zip	Country	5. Certificate of Status Desired Status Personal Fee Required	
	6. Name and Address of Current	Registered Agent		7. Name and Address of New Registered Agent	
IMBROGNO, GEORGE 8720 SHADOW WOOD BLVD #108 CORAL SPRINGS FL 33071		÷	Name		
			Street Addr	ess (P.D. Box Number is Not Acceptable)	
			City	FL Zip Code	
	named entity submits this statement to lons of registered agent.	r the purpose of changing its r	registered office or reg	gistered agent, or both, in the State of Florida. I am familiar with, and acce	
SIGNATURE					
·····	Signature, typent or primod memo of registered agent	and the diapplicable (NOTE	Registered Agent signature re	equired when relos(aling) OATE	
``After	ILE NOW!!! FEE IS \$150.00 May 1, 2006 Fee Will Be \$550.00 Payable to Florida Department o			9. Election Campaign Financing \$5.00 May to Trust Fund Contribution. Added to Feet	
10.	OFFICERS AND		11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
RILE	PD	☐ Delole	THE	☐ Change ☐ Additi	
NAME	IMBROGNO, GEORGE		NAME CERET ADORESS	U00000437558 02/28/06-80044-021 150.00	
STREET ADDRESS _CITY - ST - ZIP	8720 SHADOW WOOD BL #108 CORAL SPRINGS FL		STREET ADDRESS CITY-ST-ZIP	05150100_80044_051_120*DR	
TITLE	vs	☐ Delete	TITEL	☐ Change ☐ Adi®	
NAME STREET ADDRESS	IMBROGNO, LISE 8720 SHADOW WOOD BLVD108		NAME STREET ADDRESS		
City-St-zip	CORAL SPRINGS FL		CITY-ST-ZIP		
TITLE		☐ Defetc	भारा	☐ Change ☐ Artes	
NAME STREET ADDRESS			NAME STREET AOORESS		
City-ST-21P			CITY-ST-ZIP		
TITLE		☐ Delete	TOLE	☐ Charige ☐ Addi	
NAME			NAME.		
STREET ADDRESS CHTY-ST-IJP			STRECT ADDRESS CITY-51-ZIP		
TITLE		☐ Dolete	TITLE	☐ Change ☐ A.!.*	
NAME			NAME		
STREET NOORESS CITY-ST-ZIP			STREET ADDRESS CATY - ST- ZIP		
BILE		☐ Deletu	Title	☐ Change ☐ A.t.:	
NAME		2000	NAME	;	
STREET ADDRESS			STREET ADORESS		
CITY-ST-ZIP	}		CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not quality for the exemptions contained in Section 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 cath; 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: LISE IMBROGNO

954-341-7365

FILED