

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 10, 2006 8:00 am
Secretary of State

01-10-2006 90024 049 ***150.00

DOCUMENT # P00000033550 1. Entity Name GIL AT CORAL WAY, INC.																											
Principal Place of Business 8360 SUNSET DR #201 MIAMI, FL 33173		Mailing Address 8360 SUNSET DR #201 MIAMI, FL 33173																									
2. Principal Place of Business 7300 SW 93rd Avenue Suite, Apt. #, etc. 210		3. Mailing Address 7300 SW 93rd Avenue Suite, Apt. #, etc. 210																									
City & State Miami, Fl.		City & State Miami, Fl.																									
Zip 33173	Country Miami-Dade	Zip 33173	Country Miami-Dade																								
4. FEI Number 65-0996231		Applied For <input type="checkbox"/> Not Applicable																									
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required																									
6. Name and Address of Current Registered Agent GIL, AUGUSTO J - 7300 SW 93 Ave 8360 SUNSET DR #201 Ste. 210 MIAMI, FL 33173		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code																									
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 _____																											
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees																									
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 10%;">P</td> <td style="width: 10%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>GIL, AUGUSTO J</td> <td>7300 SW 93 Ave</td> </tr> <tr> <td>STREET ADDRESS</td> <td>8360 SUNSET DR #201</td> <td>Ste. 210</td> </tr> <tr> <td>CITY - ST - ZIP</td> <td>MIAMI, FL 33173</td> <td></td> </tr> </table>		TITLE	P	<input type="checkbox"/> Delete	NAME	GIL, AUGUSTO J	7300 SW 93 Ave	STREET ADDRESS	8360 SUNSET DR #201	Ste. 210	CITY - ST - ZIP	MIAMI, FL 33173		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 10%;"></td> <td style="width: 10%; text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> <td></td> </tr> </table>		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY - ST - ZIP		
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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: _____ 1/6/06 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #																											