


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 24, 2008 08:00 A
Secretary of State

DOCUMENT # P00000033550 1. Entity Name GIL AT CORAL WAY, INC.	
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Principal Place of Business 7300 SOUTHWEST 93 AVENUE SUITE 210 MIAMI, FL 33173 US	Mailing Address 7300 SOUTHWEST 93 AVENUE SUITE 210 MIAMI, FL 33173 US
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01092008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0996231	Applied For 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 SOUTHWEST 93 AVENUE
SUITE 210
MIAMI, FL 33173

**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, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GIL, AUGUSTO J 7300 SOUTHWEST 93 AVENUE SUITE 210 MIAMI, FL 33173
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	S GIL, JULIA 7300 SOUTHWEST 93 AVENUE SUITE 210 MIAMI, FL 33173
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	T GIL, ALEJANDRO 7300 SOUTHWEST 93 AVENUE SUITE 210 MIAMI, FL 33173
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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01/25/08-80013-012 150.00

**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:

Julia Gil
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/16/08
Date

(305) 598-4002
Daytime Phone #