

2004 FOR PROFIT CORPORATION  
ANNUAL REPORT

DOCUMENT # P01000018494

1. Entity Name  
GILMAR SERVICE CORPORATION



Principal Place of Business  
P.O. BOX 28024  
HIALEAH, FL 33012

Mailing Address  
P.O. BOX 28024  
HIALEAH, FL 33012

**FILED**  
**Mar 26, 2004 08:00 AM**  
**Secretary of State**



03222004 No Chg-P CR2E034 (10/03)

4. FEI Number  
65-1153575

Applied For  
Not Applicable

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

**DO NOT WRITE IN THIS SPACE**

6. Name and Address of Current Registered Agent

AGUILA, GILBERTO  
1691 W 68TH ST  
HIALEAH, FL 33014

**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, 2004 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  
DPST  
AGUILA, GILBERTO  
1691 W 68TH ST  
HIALEAH, FL 33014

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

U000000097189  
03/26/04-80029-008 150.00

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

*G. Aguila*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

305 362 1117  
305 558 4432  
MAR 22/04