

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P01000112812

1. Entity Name  
GORLERO CORP.



Principal Place of Business  
6190 SW 129 AVENUE  
MIAMI, FL 33183

Mailing Address  
6190 SW 129 AVE  
MIAMI, FL 33183

**FILED**  
**Jul 10, 2008 08:00 AM**  
**Secretary of State**



07082008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 65-1158813	Applied For Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

**6. Name and Address of Current Registered Agent**

ORTIZ, CELIA N  
6190 SW 129 AVENUE  
MIAMI, FL 33183

**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: *Celia N Ortiz*

7/8/08

Signature typed or printed name of registered agent and, if applicable, (NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
Due by September 12, 2008**

9. Election Campaign Financing  
Trust Fund Contribution ☐

**\$5.00** May Be  
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the  
corporation did not receive the prior notice.

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY- ST- ZIP	PD ORTIZ, CELIA 6190 SW 129 AVENUE MIAMI, FL 33183
TITLE NAME STREET ADDRESS CITY- ST- ZIP	SD FERNANDEZ, EDGARDO 6190 SW 129 AVENUE MIAMI, FL 33183
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07/10/08-80009-013 150.00

**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: *Celia N Ortiz*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/8/08

Date

Daytime Phone #