Apr-28-03 09:30A THESAURUS CORP

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May 01, 2003 8:00 am
Secretary of State
05-01-2003 91008 046 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02000055252

1. Entity Name
GILCO ENTERPRISES, CORP.

Principal Place of Business	Mailing Address
141 NE 3RD AVENUE STE 604 MIAMI FL 33132	141 NE 3RD AVENUE STE 604 MIAMI FL 33132

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
4043 Lake Ned Circ.	4043 Lake Ned Circ.
Suite, Apt #, etc.	Suite, Apt. #, etc.
City & State: Winter Heaven, Fl. 33881	City & State: Winter Heaven, Fl.
Zip: 33881 Country:	Zip: 33881 Country:

4. FEI Number: 03-0450242 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
R&P ACCOUNTING & TAXES INC 141 NE 3RD AVENUE STE 604 MIAMI FL 33132	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 X Lilia Buil[illegible] -
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, 2003 Fee will be $550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10
TITLE PD NAME BUILES PEMBERTY, LILIA A STREET ADDRESS 141 NE 3RD AVENUE CITY-ST-ZIP MIAMI FL 33132	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition
TITLE VD NAME GIL CORREA, LUIS H STREET ADDRESS 141 NE 3RD AVENUE CITY-ST-ZIP MIAMI FL 33132	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition

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: X Lilia Builes Lilia Builes 4/28/03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #