

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 09, 2006 8:00 am**  
**Secretary of State**

01-09-2006 90041 033 \*\*\*150.00

**DOCUMENT # P02000096979**

1. Entity Name  
**GIL AT SUNSET, INC.**



Principal Place of Business

~~9360 SUNSET DRIVE~~  
~~MIAMI, FL 33173~~

Mailing Address

~~9360 SUNSET DRIVE~~  
~~MIAMI, FL 33173~~

2. Principal Place of Business

7300 SW 93rd Avenue

Suite, Apt. #, etc.  
210

City & State  
Miami, FL.

Zip  
33173

Country  
Miami-Dade

3. Mailing Address

7300 SW 93rd Avenue

Suite, Apt. #, etc.  
210

City & State  
Miami, FL.

Zip  
33173

Country  
Miami-Dade

01052006

Chg-P

CR2E034 (11/05)

4. FEI Number

51-0426030

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

GIL, AUGUSTO J  
~~9360 SUNSET DRIVE~~ 7300 SW 93 Avenue  
~~MIAMI, FL 33173~~ Ste. 210

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

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, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE PD ☐ Delete  
NAME GIL, AUGUSTO J 7300 SW 93 Ave  
STREET ADDRESS ~~9360 SUNSET DRIVE~~ Ste. 210  
CITY-ST-ZIP MIAMI, FL 33173

TITLE SD ☐ Delete  
NAME GIL, JULIA 7300 SW 93 Ave  
STREET ADDRESS ~~9360 SUNSET DRIVE~~ Ste. 210  
CITY-ST-ZIP MIAMI, FL 33173

TITLE TD ☐ Delete  
NAME GIL, ALEJANDRO 7300 SW 93 Ave  
STREET ADDRESS ~~9360 SUNSET DRIVE~~ Ste. 210  
CITY-ST-ZIP MIAMI, FL 33173

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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 an other like empowered.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/6/06