2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P02000096979

1. Entity Name
GIL AT SUNSET, INC.



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

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



DO NOT WRITE IN THIS SPACE

01092008 No Chg-P CR2E034 (11/05)

4. FEI Number 51-0426030

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional

Desired 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 Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS TITLE NAME GIL, AUGUSTO J 7300 SOUTHWEST 93 AVENUE SUITE 210 STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33173 TITLE NAME GIL, JULIA STREET ADDRESS 7300 SOUTHWEST 93 AVENUE SUITE 210 CITY-ST-ZIP MIAMI, FL 33173 TITLE GIL. ALEJANDRO NAME STREET ADDRESS 7300 SOUTHWEST 93 AVENUE SUITE 210 CITY-ST-ZIP MIAMI, FL 33173 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

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DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filling 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:

SMATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/10/08

(3W) 598-4002
Davine Pross #