2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 15, 2004
Secretary of State

DOCUMENT# P02000114342

Entity Name: GILCA ENTERPRISES, INC.

Current Principal Place of Business:

647 N SEMORAN BLVD
ORLANDO, FL 32807

New Principal Place of Business:

Current Mailing Address:

647 N. SEMORAN BLVD.
ORLANDO, FL 32807

New Mailing Address:

FEI Number: 13-4218045 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CASTANOS, MANUEL
647 N. SEMORAN BLVD.
ORLANDO, FL 32807

Name and Address of New Registered Agent:

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.

SIGNATURE: _____
Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: CASTANOS, MANUEL
Address: 106 CARLISLE CT
City-St-Zip: KISSIMMEE, FL 34758

Title: VP ( ) Delete
Name: CASTANOS, CLARIBEL
Address: 106 CARLISLE CT
City-St-Zip: KISSIMMEE, FL 34758

Title: T ( ) Delete
Name: GIL, LIDIA
Address: 647 N DELMONTE CT
City-St-Zip: KISSIMMEE, FL 34758

Title: S ( ) Delete
Name: CASTANOS, MANUEL C
Address: 647 N DELMONTE CT
City-St-Zip: KISSIMMEE, FL 34758

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MANUEL CASTANOS PRES 01/15/2004
Electronic Signature of Signing Officer or Director — Date