2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P02000114342

Address:

City-St-Zip:

647 N DELMONTE CT

KISSIMMEE, FL 34758

Entity Name: GILCA ENTERPRISES, INC.

FILED Apr 28, 2006 Secretary of State

Entity Na	me: GILCA EI	NTERPRISES, INC.			
Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
	MORAN BLVD D, FL 32807				
Current Mailing Address:			New Mailing Addres	New Mailing Address:	
	MORAN BLVD D, FL 32807).			
FEI Number	: 13-4218045	FEI Number Applied For()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent: Name and Address of New Registered Agent:					
647 N. SE	OS, MANUEL MORAN BLVD D, FL 32807	US			
	e named entity : e of Florida.	submits this statement for the p	urpose of changing its registere	ed office or registered agent, or both,	
SIGNATUI	RE: MANUEL	CASTANOS			
	Electror	nic Signature of Registered Age	ent	Date	
		3(2)(b), F.S., the corporation did no ground Trust Fund Contribution ().	t receive the prior notice.		
OFFICERS AND DIRECTORS:			ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	P () CASTANOS, M 106 CARLISLE KISSIMMEE, F	СТ	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	VP () CASTANOS, CI 106 CARLISLE KISSIMMEE, F	СТ	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	T () GIL, LIDIA 647 N DELMON KISSIMMEE, F		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name:	S () CASTANOS, M) Delete ANUEL C	Title: Name:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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.

Address:

City-St-Zip:

SIGNATURE: MANUEL CASTANOS P 04/28/2006