


2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 25, 2003 8:00 am
Secretary of State

07-25-2003 90092 032 ***150.00

0142960 AT

DOCUMENT # P02000114342	
1. Entity Name GILCA ENTERPRISES, INC.	

Principal Place of Business 647 N SEMORAN BLVD ORLANDO FL 32807	Mailing Address 106 CARLISLE CT KISSIMMEE FL 34758
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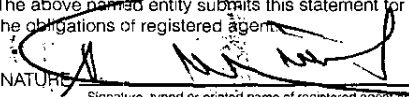
2. Principal Place of Business	3. Mailing Address 647 N. SEMORAN BLVD
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State ORLANDO, FL	City & State ORLANDO, FL
Zip 32807	Country USA



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 13-4218045	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CASTANOS, MANUEL 106 CARLISLE CT KISSIMMEE FL 34758	
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 647 N. SEMORAN BLVD City ORLANDO FL Zip Code 32807	

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.

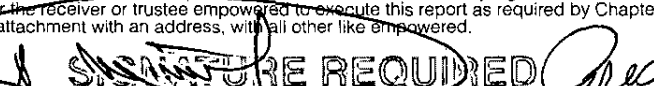
SIGNATURE  **Manuel Castanos, Pres** DATE **7-21-03**

(NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$550.00 After September 10, 2003 Fee will be \$750.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CASTANOS, MANUEL 106 CARLISLE CT KISSIMMEE FL 34758 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP CASTANOS, CLARIBEL 106 CARLISLE CT KISSIMMEE FL 34758 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T GIL, LIDIA 647 N DELMONTE CT KISSIMMEE FL 34758 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S CASTANOS, MANUEL C 647 N DELMONTE CT KISSIMMEE FL 34758 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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.  **SIGNATURE REQUIRED** **7-21-03**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (4/03)

Attachment

90146767

July 21, 2003

Division of Corporations
Uniform Business Report Filings
P.O. Box 1500
Tallahassee, Florida 32302-1500

Re: Gilca Enterprises, Inc.
647 N. Semoran Blvd.
Orlando, Florida 32807
FEIN: 13-4218045
Document #: P02000114342

Dear Sir/Madam:

We are in receipt of our 2003 uniform business report, unfortunately this is the first time we have received it. We apologize for not having realized sooner that we had not received our report.

Please accept our check in the amount of \$ 150.00 for the renewal fee with our sincerest apologies.

Sincerely,

Manuel Castanos
President

