

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 06, 2004 8:00 am**  
**Secretary of State**

04-01-2004 90019 032 \*\*\*158.75

**DOCUMENT # P03000085373**

1. Entity Name  
**GIBTEL, INC.**



Principal Place of Business  
**17890 NORTHEAST 31ST COURT  
SUITE #3313  
AVENTURA, FL 33160**

Mailing Address  
**17890 NORTHEAST 31ST COURT  
SUITE #3313  
AVENTURA, FL 33160**

2. Principal Place of Business  
**1630 NW 128th Dr**

3. Mailing Address  
**1630 NW 128th Dr.**

Suite, Apt. #, etc.  
**Suite 211**

Suite, Apt. #, etc.  
**Suite 211**

City & State  
**Sunrise, FL**

City & State  
**Sunrise, FL**

Zip  
**33323**

Country  
**USA**

Zip  
**33323**

Country  
**USA**

03122004 Chg-P CR2E034 (10/03)

4. FEI Number **02-0709385**  
**02-07093835**

Applied For  
Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

## 6. Name and Address of Current Registered Agent

**SPIEGEL & UTRERA, P.A.  
1840 SW 22ND ST.  
4TH FLOOR  
MIAMI, FL 33145**

## 7. Name and Address of New Registered Agent

Name  
**Elsa Ivette Gibbe**

Street Address (P.O. Box Number is Not Acceptable)

**1630 NW 128th Dr Suite 211**

City  
**Sunrise**

FL

Zip Code  
**33323**

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 **Elsa Ivette Gibbe**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when re-registering)

**Mar/15/04**

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

## 10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**PSTD  
GIBBE, ELSA I  
17890 NORTHEAST 31ST COURT #3313  
AVENTURA, FL 33160** ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
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STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**PSTD  
Gibbe, Elsa Ivette  
1630 NW 128th Dr. Suite 211  
Sunrise, FL 33323** ☒ Change ☐ Addition

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
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CITY-ST-ZIP  
☐ Change ☐ 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 life empowered.

SIGNATURE: **Elsa Ivette Gibbe**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Mar/15/04**

Date

Daytime Phone #

**305-318-5570**