2007 FOR PROFIT CORPORATION ANNUAL REPORT

Secretary of State DOCUMENT # P03000091344 01-16-2007 90211 016 ***150.00 GILNICK ENTERPRISES, INC. Principal Place of Business Mailing Address PAAATeat 17320 SW 278TH STREET P.O. BOX 343092 HOMESTEAD, FL 33031 HOMESTEAD, FL 33034 US 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01092007 CR2E034 (12/06) Chg-P Applied For City & State 4. FEI Number City & State 55-0854028 Not Applicable \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name FERNANDEZ, NIURKA J ESQ. **1733 MAYO ST** APT. 3 HOLLYWOOD, FL 33020 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 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE ☐ Delete TITLE Change Addition FERNANDEZ, GILBERTO S NAME NAME STREET ADDRESS 17320 SW 278TH STREET STREET ADDRESS HOMESTEAD, FL 33031 CITY-ST-ZIP CITY-ST-7IP MILE Delete TITLE Change Addition NAME FERNANDEZ, MARIA M NAME STREET ADDRESS 17320 SW 278TH STREET STREET ADDRESS CITY-ST-ZIP HOMESTEAD, FL 33031 CITY-ST-ZIP TITLE S ☐ Delete TITLE 5221 BAYSHORE BUD" FERNANDEZ, NIURKA J NAME NAME STREET ADDRESS 1733 MAYO ST APT. 3 STREET ADDRESS HOLLYWOOD, FL 33020 CITY-ST-ZIP CITY-ST-ZIP MLE Delete TITLE Change Addition FERNANDEZ, GILBERTO J NAME NAME 17320 SW 278TH STREET STREET ADDRESS STREET ADDRESS HOMESTEAD, FL 33031 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP this filling does not quality for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information 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 wered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if 12. I hereby certify that the information supplied indicated on this report or supplemental report the corporation or the receiver or trustee changed, or on an attachmer SIGNATURE:

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FILED

Jan 16, 2007 8:00 am