2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000091344

Title:

Name: Address:

City-St-Zip:

FILED Apr 16, 2009 Secretary of State

Entity Name: GILNICK ENTERPRISES, INC. **Current Principal Place of Business: New Principal Place of Business:** 17320 SW 278TH STREET HOMESTEAD, FL 33031 LIS **Current Mailing Address: New Mailing Address:** P.O. BOX 343092 HOMESTEAD, FL 33034 US FEI Number: 55-0854028 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: FERNANDEZ, NIURKA J ESQ FERNANDEZ, NIURKA J ESQ 502 S. FRENÓN AVE #1517 5109 S. ELBERON ST TAMPA, FL 33606 TAMPA, FL 33606 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: 04/16/2009 Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete () Change () Addition FERNANDEZ, GILBERTO S Name: Name: 17320 SW 278TH STREET Address: Address: City-St-Zip: HOMESTEAD, FL 33031 US City-St-Zip: Title: () Delete Title: () Change () Addition FERNANDEZ, MARIA M Name: Name: 17320 SW 278TH STREET Address: Address: HOMESTEAD, FL 33031 US City-St-Zip: City-St-Zip: () Delete Title: Title: (X) Change () Addition FERNANDEZ, NIURKA J Name: FERNANDEZ, NIURKA J Name: 502 S. FREMONT AVE. #1517 5109 S. ELBERON ST Address: Address: City-St-Zip: TAMPA, FL 33606 US City-St-Zip: TAMPA, FL 33606 US

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

Title:

Name:

Address:

City-St-Zip:

SIGNATURE: GILBERTO S. FERNANDEZ PT 04/16/2009

() Delete

FERNANDEZ, GILBERTO J

17320 SW 278TH STREET

HOMESTEAD, FL 33031 US

() Change () Addition