

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 27, 2006 8:00 am
Secretary of State

DOCUMENT # P04000062063

1. Entity Name
GIL CARPENTER FINISH INC.



03-27-2006 90291 001 ***150.00
03-27-2006 90291 002 *****8.75

Principal Place of Business
**1200 W 4 AVE
HIALEAH, FL 33010**

Mailing Address
**1200 W 4 AVE
HIALEAH, FL 33010**

00007004

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03012006 Chg-P CR2E034 (11/05)

City & State

City & State

4. FEI Number

54-2150893

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**GIL, JOSE A
1200 W 4 AVE
HIALEAH, FL 33010**

Name

Gil Jose A.

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

13759 S.W. 49 ST.

Miami

City

FL

Zip Code

33125

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

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P
GIL, JOSE
1200 W 4 AVE
HIALEAH, FL 33010** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**Gil Jose A.
13759 S.W. 49 ST.
Miami FL. 33125** ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**V
GIL, ABNER
488 PALMETO DR
MIAMI SPRINGS, FL 33166** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**GIL ABNER.
13759 S.W. 49 ST.
Miami FL. 33125** ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
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CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Delete

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/15/06

Date

Daytime Phone #