

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Aug 11, 2005 8:00 am
Secretary of State

05-05-2005 90109 036 ***150.00

DOCUMENT: <i>PO4 0000 74388</i>	
1. Entity Name <i>GINETTE GILBERT CONSULTANT</i>	

Principal Place of Business <i>2601 NW, 48TH Terrace #251</i>	Mailing Address <i>LAUDERDALE LAKES, FL. 33313</i>
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04012005 No Chg-P CR2E034 (10/03)

4. FE Number <i>38-3730557</i>	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

SAME

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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 re-electing)

DATE

FILE NOW! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution

☐ **\$5.00 May Be**
Added to Fees

10.

OFFICERS AND DIRECTORS

TITLE	<i>P. PRESIDENT</i>
NAME	<i>GINETTE GILBERT</i>
STREET ADDRESS	<i>2601 NW 48TH TERRACE</i>
CITY - ST - ZIP	<i>LAUDERDALE LAKES FL 33313</i>
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

Ginette Gilbert

SIGNATURE AND TYPED OR PRINTED NAME OF ISSUING OFFICER OR DIRECTOR

04/23/05

Date

Display Phone #