


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 10, 2006 8:00 am**  
**Secretary of State**

01-10-2006 90023 029 \*\*\*150.00

<b>DOCUMENT # P04000131257</b> 1. Entity Name <b>GIL AT BIRD, INC.</b>					
Principal Place of Business <b>9300 SUNSET DR STE 201</b> <b>MIAMI, FL 33173</b>				Mailing Address <b>9300 SUNSET DR STE 201</b> <b>MIAMI, FL 33173</b>	
2. Principal Place of Business <b>7300 SW 93rd Avenue</b> Suite, Apt. #, etc. <b>210</b> City & State <b>Miami, Fl.</b> Zip <b>33173</b>		3. Mailing Address <b>7300 SW 93rd Avenue</b> Suite, Apt. #, etc. <b>210</b> City & State <b>Miami, Fl.</b> Zip <b>33173</b>		4. FEI Number <b>26-0096350</b> Applied For <input type="checkbox"/> Not Applicable	
Country <b>Miami-Dade</b>		Country <b>Miami-Dade</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>GIL, AGUSTO J</b> <b>7300 SW 93 Ave</b> <b>9300 SUNSET DR STE 201</b> <b>Ste. 210</b> <b>MIAMI, FL 33173</b>				7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
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 _____ (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. _____ DATE _____					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> 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	<b>P</b> <input type="checkbox"/> Delete <b>GIL, AGUSTO</b> <b>7300 SW 93 Ave</b> <b>9300 SUNSET DR STE 201</b> <b>Ste. 210</b> <b>MIAMI, FL 33173</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <input type="checkbox"/> Delete <b>GIL, JULIA</b> <b>7300 SW 93 Ave</b> <b>9300 SUNSET DR STE 201</b> <b>Ste. 210</b> <b>MIAMI, FL 33173</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <input type="checkbox"/> Delete <b>GIL, ALEJANDRO</b> <b>7300 SW 93 Ave</b> <b>9300 SUNSET DR STE 201</b> <b>Ste. 210</b> <b>MIAMI, FL 33173</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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.					
<b>SIGNATURE:</b> _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			1/6/06 Date Daytime Phone #		