

2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P05000005851

Entity Name: GIL TRANSPORTATION, INC.

FILED
Sep 10, 2009
Secretary of State

Current Principal Place of Business:

8630 BYRON AVE
2A
MIAMI BEACH, FL 33141 US

New Principal Place of Business:

780 S KENNEL STREET
CLEWISTON, FL 33440 US

Current Mailing Address:

780 SOUTH KENNEL ST
CLEWISTON, FL 33440

New Mailing Address:

780 S KENNEL STREET
CLEWISTON, FL 33440 US

FEI Number: 30-0320880

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GIL, LORENZO C
405 W SUGARLAND CIRCLE
CLEWISTON, FL 33440 US

Name and Address of New Registered Agent:

FRAU DIAZ, GRACIELA D
780 S KENNEL STREET
CLEWISTON, FL 33440 US

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: GRACIELA FRAU DIAZ

09/10/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: GIL, LORENZO C
Address: 405 W SUGARLAND CIRCLE
City-St-Zip: CLEWISTON, FL 33440

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: FRAU DIAZ, GRACIELA D
Address: 780 S KENNEL STREET
City-St-Zip: CLEWISTON, FL 33440

Title: D () Change (X) Addition
Name: GIL, LORENZO C
Address: 780 S KENNEL STREET
City-St-Zip: CLEWISTON, FL 33440

Title: D () Change (X) Addition
Name: GIL, CARLOS M
Address: 780 S KENNEL STREET
City-St-Zip: CLEWISTON, FL 33440

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.

SIGNATURE: GRACIELA FRAU DIAZ

P

09/10/2009

Electronic Signature of Signing Officer or Director

Date