2006 FOR PROFIT CORPORATION ANNUAL REPORT

Secretary of State DOCUMENT # P05000015120 1. Entity Name 01-10-2006 90023 028 ***150.00 GIL IN THE GROVE, INC. Principal Place of Business Mailing Address RIGHT SUNSERVERY STREET RIGHT FOR STREET CPS/STEX-XBB XSB/BDB/SDB/BS XMAMIK PL X3XTX X 2. Principal Place of Business 3. Mailing Address 7300 SW 93rd Avenue 7300 SW 93rd Avenue Suite, Apt. #, etc. Suite, Apt. #, etc. 01052006 CR2E034 (11/05) Chg-P 210 210 Applied For City & State 4. FEI Number City & State Miami, F1Miami, 84-1669169 Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired 33173 Miami-Dade 33173 Fee Required Miami-Dade 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name GIL, AUGUSTO J 7300 SW 93 Ave Street Address (P.O. Box Number is Not Acceptable) 9360.SUNSET. DR xSTE 291 MIAMI, FL 33173 Ste. 210 City Zip Code 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. (NOTE: Registered Agent signature required when reinstating) DATE \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution. Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS 11. Addition PD TITLE ☐ Change TITLE ☐ Delete NAME GIL, AUGUSTO J NAME 7300 SW 93 Ave SORVENINGET FOR XSTERON Ste. 210 STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP MIAMI, FL 33173 SD 7300 SW 93 Ave Channe ☐ Addition πhe TITLE GIL, JULIA NAME NAME NOOKSUNSETER XSTERNISTE. 210 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33173 CITY-ST-ZIP ☐ Change ☐ Addition Delete TILLE 7300 SW 93 Ave GIL, ALEJANDRO NAME ROPERSUMMENT FOR XSTER R91 Ste. 210 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33173 CITY-ST-ZIP ☐ Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ■ Addition EITI F □ Detete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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 exposured. SIGNATURE: _ SIGNATURE AND TYPED OR PRINTED NAME OF FFICER OR DIRECTOR Daytime Phone

FILED

Jan 10, 2006 8:00 am