

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 29, 2006 8:00 am
Secretary of State

08-29-2006 90001 027 ***150.00

DOCUMENT # P05000019876

1. Entity Name
GIL MEDICAL SUPPLIES INC



Principal Place of Business
**9745 SW SUNSET DRIVE
SUITE 102
MIAMI, FL 33173**

Mailing Address
**9745 SW SUNSET DRIVE
SUITE 102
MIAMI, FL 33173**

40101923



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

07252006

Chg-P

CR2E034 (11/05)

City & State

City & State

36-4568907

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, ALBENIS
9745 SW SUNSET DRIVE
SUITE 102
MIAMI, FL 33173**

Name

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

City

FL

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.

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
Due by September 6, 2006**

9. Election Campaign Financing
Trust Fund Contribution.

☐ \$5.00 May Be Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
GIL, ALBENIS
13499 SW 34ST
MIAMI, FL 33175**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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☐ 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

8/29/06

305
552-7900

ATTACHMENT

40101923
P85000019876

August 24, 2006

Division of Corporations
P.O. Box 1500
Tallahassee, FL 32302-1500


RE: GIL MEDICAL SUPPLIES INC
9745 SW SUBSET DRIVE
SUITE 102
MIAMI, FL 33173
#36-4568907

To Whom It May Concern:

As per the conversation I had with the division of corporation I was inform to do the following do to the fact that I never received the annual report form that instructed us to pay.

I have included a downloaded form of the annual report for 2006 and a check for \$150.00 to cover what we owe. We thank you in advance for your help.

Sincerely,


ALBENIS GIL, PRESIDENT
GIL MEDICAL SUPPLIES INC