

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000094603

FILED  
Apr 05, 2008  
Secretary of State

**Entity Name:** GILBERT INSURANCE & FINANCIAL SERVICES INC

**Current Principal Place of Business:**

2210 NW 192ND TERRACE  
OPA LOCKA, FL 33056

**New Principal Place of Business:**

**Current Mailing Address:**

2210 NW 192ND TERRACE  
OPA LOCKA, FL 33056

**New Mailing Address:**

FEI Number: 65-1253887

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

GILBERT, ALONZO B  
2210 NW 192ND TERRACE  
OPA LOCKA, FL 33056 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: GILBERT, ALONZO B  
Address: 2210 NW 192ND TERRACE  
City-St-Zip: OPA LOCKA, FL 33056

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: ALONZO B. GILBERT

MR.

04/05/2008

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date