

FOR PROFIT CORPORATION  
ANNUAL REPORT

For Office Use Only

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FILED

11 MAY 16 PM 4:05

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DOCUMENT # 108000097602

1. Entity Name

GIL & SUAREZ ENTERPRISES, INC.

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2. Principal Place of Business - No P.O. Box #

12542 SW 119 CT

Suite, Apt. #, etc.

3. Mailing Address

12542 SW 119 CT

Suite, Apt. #, etc.

CR2E034B (1/11)

City & State  
MIAMI FL

City & State  
MIAMI FL

4. FEI Number

26-3629296

Applied For

Not Applicable

Zip

33186

Country

Zip

33186

Country

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name  
PATRICIA E. GIL

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

12542 SW 119 CT

City  
MIAMI

FL

Zip Code

33186

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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

PATRICIA E. GIL

05/11/11

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when re-instating)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended AR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing ☐ \$5.00 May Be  
Trust Fund Contribution. Added to Fees

E-mail Address:

ddassociates@live.com

E-mail address to be used for future annual report notices.

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
PRESIDENT  
GIL PATRICIA E  
12542 SW 119 CT  
MIAMI FL 33186

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
V-PRESIDENT  
SUAREZ RITA Y  
12542 SW 119 CT  
MIAMI FL 33186

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
PRESIDENT  
GIL JULIA I  
12542 SW 119 CT  
MIAMI FL 33186

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

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05/06/11--01007--027 \*\*\*150.00

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 on an attachment with an address, with all other like empowered. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155 F.S.

SIGNATURE: PATRICIA E. GIL

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

05/11/11

DATE

786-366-6887

Daytime Phone #