

**2009 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P92000004524

1. Entity Name
GILBERT EXECUTIVE PROFESSIONAL SERVICE, INC.



FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

09 MAY 27 AM 7:46

Principal Place of Business

11278 NW 6TH TER
MIAMI, FL 33172

Mailing Address

11278 NW 6TH TER
MIAMI, FL 33172



04182008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0374485

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MARRERO, GILBERTO JR
11278 NW 6TH TER
MIAMI, FL 33172

**DO NOT WRITE
IN THIS SPACE**

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
After May 1, 2009 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

PD
MARRERO, JR., GILBERTO
11278 N.W. 6TH TERRACE
MIAMI, FL

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

VD
MARRERO, ISABEL
11278 NORTHWEST 6 TERRACE
MIAMI, FL 33172

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

05/28/09--01004--003 **150.00

800156480768
05/28/09--01004--003 **150.00

**DO NOT WRITE
IN THIS SPACE**

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

Date

Daytime Phone #

04/24/09 305-226-4695