


**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 17, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P93000084847</b>		
1. Entity Name GIL SERVICE STATION, INC.		
Principal Place of Business 5392 PALM AVE HIALEAH, FL 33012	Mailing Address 6921 LOCHNESS DR MIAMI LAKES, FL 33014	
<b>DO NOT WRITE IN THIS SPACE</b>		
6. Name and Address of Current Registered Agent  GIL, JOSE R 6921 LOCHNESS DR MIAMI LAKES, FL		<b>DO NOT WRITE IN THIS SPACE</b>
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 <u><i>Jose R Gil</i></u> DATE <u>4-12-06</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>		
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
<b>10. OFFICERS AND DIRECTORS</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP GIL, JOSE R 6921 LOCHNESS DR MIAMI LAKES, FL 33014	<b>DO NOT WRITE IN THIS SPACE</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT RODRIGUEZ, MARLENE 6921 LOCHNESS DR MIAMI LAKES, FL 33014	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS GIL, GEORGE R 6921 LOCHNESS DR MIAMI LAKES, FL 33014	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV GIL, FRANK 6921 LOCHNESS DR MIAMI LAKES, FL 33014	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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: <u><i>Jose R Gil</i></u> <u>JOSE R. GIL</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date <u>04/12/06</u> Daytime Phone #



04122006 No Chg-P CR2E034 (11/05)

4. FEI Number  
65-0455449

Applied For
Not Applicable

5. Certificate of Status Desired ☒ **\$8.75** Additional  
Fee Required

U00000514512  
04/29/06-80176-004 158.75