## ANNIIAI REPORT

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NG OFFICER OR DIRECTOR

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## ANNUAL REPORT FILED Apr 23, 2004 8:00 am Secretary of State **DOCUMENT # P95000096786** 1. Entity Name GIL & ASSOCIATES, INC. 04-23-2004 90262 038 \*\*\*150.00 Principal Place of Business Mailing Address 1355 WEST PALMETTO PARK ROAD 1355 WEST PALMETTO PARK ROAD #103 #103 BOCA RATON, FL 33486 BOCA RATON, FL 33486 2. Principal Place of Business 3. Mailing Address Pulnetto Ph.R. 2910 SWzznd Circle Suite, Apt. #, etc. Suite, Apt. #, etc. 04192004 Chg-P CR2E034 (10/03) #21-4 ボルクラ City & State City & State 4. FEI Number Applied For Bow 65-0629783 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired <u>u</u>5/} 33486 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name JASMINE, DIANES Street Address (P.O. Box Number is Not Acceptable) 2787 E OAKLAND PARK BLVD Change STE #202 FT LAUDERDALE, FL 33308-1643 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) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. **PVST** TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME JASMINE, DIANE S NAME JASMINE DIANE STREET ADDRESS 2787 E OAKLAND PARK BLVD., #202 STREET ADDRESS CITY-ST-ZIP FT LAUDERDALE, FL 333081643 CITY-ST-ZIP TITLE ☐ Delete TITD F JASMINE, DIANE S NAME JASMINE, DIANES 1355 W. Palmeto PK. Rd. #103 STREET ADDRESS 2787 E OAKLAND PARK BLVD., #202 STREET ADDRESS CITY-ST-7IP FT LAUDERDALE, FL 333081643 CITY-ST-7# Raton FI TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP IIII E ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE πн Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.