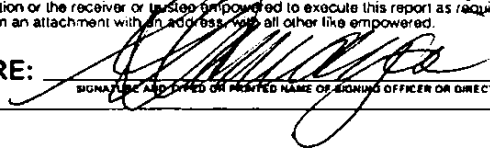


FILED
Jun 20, 2007 8:00 am
Secretary of State

04-17-2007 90051 007 ***150.00

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P98000087330		
1. Entity Name GILBERT'S FOOD BAR INC.		
Principal Place of Business 1511 SW 37 AVE MIAMI, FL 33145		Mailing Address 1511 SW 37 AVE MIAMI, FL 33145
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent ARRIAZA, GILBERTO 1511 SW 37 AVE MIAMI, FL 33145		66019499  03082007 No Chg-P CR2E034 (11/05)
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.		4. FEI Number 65-0876431 Applied For ☐ Not Applicable
SIGNATURE _____ Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 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 ARRIAZA, GILBERTO 1511 SW 37 AVE MIAMI, FL 33145	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD ARRIAZA, GILBERTO J 1511 SW 37 AVE MIAMI, FL 33145	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD ARRIAZA, AIDA V 1511 SW 37 AVE MIAMI, FL 33145	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD ARRIAZA, MARIA V 1511 SW 37 AVE MIAMI, FL 33145	
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:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		