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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	Mailing Address
1511 SW 37 AVE MIAMI, FL 33145	1511 SW 37 AVE MIAMI, FL 33145

66019499

03082007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0876431
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

ARRIAZA, GILBERTO
1511 SW 37 AVE
MIAMI, FL 33145

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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	PD
NAME	ARRIAZA, GILBERTO
STREET ADDRESS	1511 SW 37 AVE
CITY-ST-ZIP	MIAMI, FL 33145
TITLE	VD
NAME	ARRIAZA, GILBERTO J
STREET ADDRESS	1511 SW 37 AVE
CITY-ST-ZIP	MIAMI, FL 33145
TITLE	SD
NAME	ARRIAZA, AIDA V
STREET ADDRESS	1511 SW 37 AVE
CITY-ST-ZIP	MIAMI, FL 33145
TITLE	TD
NAME	ARRIAZA, MARIA V
STREET ADDRESS	1511 SW 37 AVE
CITY-ST-ZIP	MIAMI, FL 33145
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 #