

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 03, 2004 08:00 AM
Secretary of State

DOCUMENT # P99000002639 1. Entity Name GIBRALTAR FINANCIAL SERVICES, INC.	
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Principal Place of Business 6821 S.W. 125 TERR. MIAMI, FL 33156	Mailing Address 6821 S.W. 125 TERR. MIAMI, FL 33156
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04292004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FCI Number 65-0888247	Applied For Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent ARIAS, ANTONIO M 6821 S.W. 125 TERR. MIAMI, FL 33156

**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 _____ (NOTE: Registered Agent signature required when reissuing) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 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-STATE-ZIP	PTD ARIAS, ANTONIO M 6821 S.W. 125 TERR. MIAMI, FL 33156
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	VPD ARIAS, MARCELLA H 6821 S.W. 125 TERR. MIAMI, FL 33156
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05/04/04-80140-003 150.00

12. 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 another like empowered.

SIGNATURE: ANTONIO ARIAS PRESIDENT 4/30/04 (305) 213-4028
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #