FILED
May 02, 2005 08:00 AM
Secretary of State

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P99000002639

1. Entity Name
GIBRALTAR FINANCIAL SERVICES, INC.

Principal Place of Business	Mailing Address
6821 S.W. 125 TERR. MIAMI, FL 33156	6821 S.W. 125 TERR. MIAMI, Fl 33156

DO NOT WRITE IN THIS SPACE

04292005 No Chg-P CR2E034 (10/03)

4. Fei 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

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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, type or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when changed)

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PTD
NAME	ARIAS, ANTONIO M
STREET ADDRESS	6821 S.W. 125 TERR.
CITY-ST-ZIP	MIAMI, FL 33156
TITLE	VPD
NAME	ARIAS, MARCELLA H
STREET ADDRESS	6821 S.W. 125 TERR.
CITY-ST-ZIP	MIAMI, FL 33156
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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05/03/05-80117-022 150.00

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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 all other like empowered.

SIGNATURE: X _____ ANTONIO ARIAS 4-29-05 (305)213-4028
SIGNATURE AND TYPED OR PRINTED NAME OF MEMBER OFFICER OR DIRECTOR Date Daytime Phone #