

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 06, 2005 08:00 AM
Secretary of State

DOCUMENT # P99000028456

1. Entity Name
GIL PROPERTIES OF SOUTH FLORIDA, INC.



Principal Place of Business
9360 SUNSET DRIVE, #291
MIAMI, FL 33173

Mailing Address
9360 SUNSET DRIVE, #291
MIAMI, FL 33173



01032005 No Chg-P CR2E034 (10/03)

4. FEI Number
65-0908840

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

GIL, AUGUSTO J
9360 SUNSET DRIVE, #291
MIAMI, FL 33173

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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 NAME STREET ADDRESS CITY-ST-ZIP	PD GIL, AUGUSTO J 9360 SUNSET DRIVE, #291 MIAMI, FL 33173
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPTD GIL, ALEJANDRO 9360 SUNSET DRIVE, #291 MIAMI, FL 33173
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD GIL, JULIA 9360 SUNSET DRIVE, #291 MIAMI, FL 33173
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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01/06/05-80010-001 150.00

DO NOT WRITE
IN THIS SPACE

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:

Julia Gil

Julia Gil

1/3/05

Date

Daytime Phone #