

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2006 8:00 am
Secretary of State

04-12-2006 90077 043 ****61.25

DOCUMENT # N98000000037

1. Entity Name
GABRIELLA CONDOMINIUM NORTH ASSOCIATION, INC.



Principal Place of Business
 1301 NW 89 CT.
 STE. 203
 MIAMI, FL 33172 US

Mailing Address
 P.O. BOX 526342
 MIAMI, FL 33172 US

2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
P.O. Box 526342
 Suite, Apt. #, etc.

City & State
MIAMI, FL.

Zip Country
33152 U.S.

40046858



02152006 Chg-NP CR2E037 (11/05)

4. FEI Number
 65-0898760

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
 GREMAF, REYES
 18390 NW 75 PATH
 HIALEAH, FL 33015

7. Name and Address of New Registered Agent
 Name *Lucy Torres*
 Street Address (P.O. Box Number is Not Acceptable)
1301 NW 89 CT. SUITE 203
 City *MIAMI* FL Zip Code *33172*

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

Filing Fee is \$61.25 Due by May 1, 2006

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

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE PD	REYES, GREMAF 1301 NW 89 CT SUITE 203 MIAMI, FL 33172 <input checked="" type="checkbox"/> Delete	TITLE P.O. TORRES, LUCY <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	1301 N.W 89 CT SUITE 203 MIAMI, FL. 33172
TITLE SD	TORRES, LUCY 1301 NW 89 CT SUITE 203 MIAMI, FL 33172 <input checked="" type="checkbox"/> Delete		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE TD	ARGUELLES, MARIA 1301 NW 89 CT SUITE 203 MIAMI, FL 33172 <input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 617, 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]* 3/01/06

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #