


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 01, 2004 8:00 am
Secretary of State

09-01-2004 90003 009 ***150.00

DOCUMENT # P02000008761	
1. Entity Name GABRIELLE D'ALEMBERTE, P.A.	

Principal Place of Business 418 CASTANIA AVE CORAL GABLES, FL 33146	Mailing Address 418 CASTANIA AVE CORAL GABLES, FL 33146
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54071195



2. Principal Place of Business 1001 Brickell Bay Drive Suite, Apt. #, etc. Ste 1200	3. Mailing Address 11450 Interchange Circle N. Suite, Apt. #, etc.
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07082004 Chg-P CR2E034 (10/03)

City & State Miami, FL	City & State Miramar, FL
Zip 33131-4939	Zip 33025
Country	Country

4. FEI Number 04-3592454	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent JOSEPH D. SACHS, CPA, P.A. 3107 STIRLING ROAD SUITE 201 FT LAUDERDAL, FL 33312	
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7. Name and Address of New Registered Agent Name Ronald S. Gelber, CPA Street Address (P.O. Box Number is Not Acceptable) 11450 Interchange Circle North City Miramar FL Zip Code 33025	
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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. Ronald S. Gelber CPA 7/8/04 SIGNATURE DATE <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	
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FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD D'ALEMBERTE, GABRIELLE 418 CASTANIA AVE CORAL GABLES, FL 33146 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1001 Brickell Bay Drive Ste 1200 Miami, FL 33131-4939
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: [Signature] <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	10/22/04 <small>Date Daytime Phone #</small>