

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P02000008761 1. Entity Name GABRIELLE D'ALEMBERTE, P.A.				<p style="margin: 0;">FILED</p> <p style="margin: 0;">06 JAN -9 PM 12:30</p> <p style="margin: 0;">CLERK OF STATE</p> <p style="margin: 0;">TALLAHASSEE, FLORIDA</p>																			
Principal Place of Business 1001 BRICKELL BAY DR STE 1200 MIAMI, FL 33131-4939		Mailing Address 11450 INTERCHANGE CIRCLE N MIRAMAR, FL 33025																					
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country		3. Mailing Address Suite, Apt. #, etc. City & State Zip Country		<div style="text-align: center;"> REINSTATEMENT 08292005 Chg-P CR2E034 (10/03) 65 </div> <div> 4. FEI Number 04-3592454 </div> <div> Applied For <input type="checkbox"/> Not Applicable </div> <div> 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required </div>																			
6. Name and Address of Current Registered Agent GELBER, RONALD S CPA 11450 INTERCHANGE CIRCLE NORTH MIRAMAR, FL 33025			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code																				
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>																							
FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005		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.																			
10. OFFICERS AND DIRECTORS <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE NAME</td> <td style="width: 40%;">PD D'ALEMBERTE, GABRIELLE</td> <td style="width: 30%;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>STREET ADDRESS</td> <td>1001 BRICKELL BAY DR STE 1200</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>MIAMI, FL 331314939</td> <td></td> </tr> </table>			TITLE NAME	PD D'ALEMBERTE, GABRIELLE	<input type="checkbox"/> Delete	STREET ADDRESS	1001 BRICKELL BAY DR STE 1200		CITY-ST-ZIP	MIAMI, FL 331314939		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1: <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE NAME</td> <td style="width: 40%;"></td> <td style="width: 30%;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>			TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition	STREET ADDRESS			CITY-ST-ZIP		
TITLE NAME	PD D'ALEMBERTE, GABRIELLE	<input type="checkbox"/> Delete																					
STREET ADDRESS	1001 BRICKELL BAY DR STE 1200																						
CITY-ST-ZIP	MIAMI, FL 331314939																						
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition																					
STREET ADDRESS																							
CITY-ST-ZIP																							
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE NAME</td> <td style="width: 40%;"></td> <td style="width: 30%;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>			TITLE NAME		<input type="checkbox"/> Delete	STREET ADDRESS			CITY-ST-ZIP			<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE NAME</td> <td style="width: 40%;"></td> <td style="width: 30%;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>			TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition	STREET ADDRESS			CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete																					
STREET ADDRESS																							
CITY-ST-ZIP																							
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition																					
STREET ADDRESS																							
CITY-ST-ZIP																							
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE NAME</td> <td style="width: 40%;"></td> <td style="width: 30%;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>			TITLE NAME		<input type="checkbox"/> Delete	STREET ADDRESS			CITY-ST-ZIP			<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE NAME</td> <td style="width: 40%;"></td> <td style="width: 30%;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>			TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition	STREET ADDRESS			CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete																					
STREET ADDRESS																							
CITY-ST-ZIP																							
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition																					
STREET ADDRESS																							
CITY-ST-ZIP																							
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE NAME</td> <td style="width: 40%;"></td> <td style="width: 30%;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>			TITLE NAME		<input type="checkbox"/> Delete	STREET ADDRESS			CITY-ST-ZIP			<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE NAME</td> <td style="width: 40%;"></td> <td style="width: 30%;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>			TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition	STREET ADDRESS			CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete																					
STREET ADDRESS																							
CITY-ST-ZIP																							
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition																					
STREET ADDRESS																							
CITY-ST-ZIP																							
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE NAME</td> <td style="width: 40%;"></td> <td style="width: 30%;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>			TITLE NAME		<input type="checkbox"/> Delete	STREET ADDRESS			CITY-ST-ZIP			<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE NAME</td> <td style="width: 40%;"></td> <td style="width: 30%;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>			TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition	STREET ADDRESS			CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete																					
STREET ADDRESS																							
CITY-ST-ZIP																							
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition																					
STREET ADDRESS																							
CITY-ST-ZIP																							

Gelber
AND COMPANY
CERTIFIED PUBLIC ACCOUNTANTS

January 4, 2006

Ronald S. Gelber, CPA

Darlene A. Rogers, CPA

Amy L. Greenblatt, CPA

Division of Corporations
PO Box 6327
Tallahassee, FL 32314

RE: Gabrielle D'Alemberte, PA
Ref # P02000008761

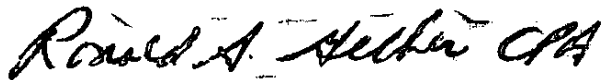
To Whom It May Concern:

As the accountants for the above client, we have been asked to respond to your letter dated December 21, 2005 (see attached) wherein you advise our client of late filing.

Inadvertently this paperwork was misplaced due to the impact of the 3 Hurricanes that unfortunately hit South Florida. We respectfully request that you accept the \$150 that is attached.

If you need anything further to grant our client's request, please do not hesitate to contact us.

Sincerely,



Ronald S. Gelber, CPA

RSG/cvr
Encls.