

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # P03000027351

1. Entity Name

GABRIWORKS HOSPITALITY CORP.



FILED

04 AUG 26 PM 12:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

07/19/04 90013 024 \$550.00



MOORE CR2E034 (11/03)

Principal Place of Business

111 N. ORANGE AVENUE
SUITE 1100
ORLANDO FL 32801

Mailing Address

111 N. ORANGE AVENUE
SUITE 1100
ORLANDO FL 32801

2. Principal Place of Business

7652 Ashley Park Court

Suite, Apt. #, etc.

Suite 303

City & State

Orlando, FL

Zip

32835

Country

USA

3. Mailing Address

7652 Ashley Park Court

Suite, Apt. #, etc.

Suite 303

City & State

Orlando, FL

Zip

32835

Country

USA

4. FEI Number

45-0505213

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

G&L AGENT SERVICES, INC.
390 NORTH ORANGE AVENUE
SUITE 600
ORLANDO FL 32801

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

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, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.

☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE President ☐ Delete
NAME David G. Gabri
STREET ADDRESS 7652 Ashley Park Court, Suite 303
CITY-ST-ZIP Orlando, FL 32835

TITLE Secretary, Treasurer ☐ Delete
NAME Patricia Gabri
STREET ADDRESS 7652 Ashley Park Court, Suite 303
CITY-ST-ZIP Orlando, FL 32835

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

David G. Gabri, President

Date

Daytime Phone #

4/13/04 295-1950