## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P05000153178

Entity Name: GABRIEL KAFATI, INC

6371 PENT LAKES

MIAMI LAKES, FL 33014 US

Address:

City-St-Zip:

FILED May 27, 2008 Secretary of State

Entity Name: GABRIEL KAFATI, INC					
Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
10400 NW SUITE 270 MIAMI, FL					
Current Ma	ailing Addres	s:	New Mailing Addres	New Mailing Address:	
10400 NW SUITE 270 MIAMI, FL					
FEI Number:	20-3837294	FEI Number Applied For ( )	FEI Number Not Applicable ( )	Certificate of Status Desired ( )	
Name and	Address of C	urrent Registered Agent:	Name and Address of	Name and Address of New Registered Agent:	
	AL CONSULTII CAYNE BLVD 33131 US	NG, INC	RD GLOBAL CONSU 8300 NW 53 STREET SUITE 350 MIAMI, FL 33166 US		
The above in the State		submits this statement for the pu	rpose of changing its registere	d office or registered agent, or both,	
SIGNATURE: REYNALDO DIAZ				05/27/2008	
	Electron	ic Signature of Registered Ager	nt	Date	
		3(2)(b), F.S., the corporation did not Trust Fund Contribution ( ).	receive the prior notice.		
OFFICERS AND DIRECTORS:			ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	KAFATI, JESUS BARRIO LA BO		Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	KAFATI, CLAUD BARRIO LA BO		Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	SEC () LOPEZ, GABRII 6371 PENT LAK MIAMI LAKES, I	ŒS	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name:	TREA () LOPEZ, GABRII	Delete EL	Title: Name:	( ) Change ( ) Addition	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Address:

City-St-Zip:

SIGNATURE: GABRIEL LOPEZ SECR 05/27/2008