

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H75687

FILED  
Jan 06, 2009  
Secretary of State

Entity Name: GABRIEL CORP. OF KENDALL

## Current Principal Place of Business:

DBA PAUL DANIELS  
3201 N. OCEAN BLVD.  
FT LAUD, FL 33308 US

## New Principal Place of Business:

## Current Mailing Address:

DBA PAUL DANIELS  
3201 N. OCEAN BLVD.  
FT LAUD, FL 33308 US

## New Mailing Address:

FEI Number: 65-0370608      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

SHWEKY, PAUL  
2520 NE 208TH TER  
N MIAMI BEACH, FL 33180 US

## Name and Address of New Registered Agent:

SHWEKY, PAUL PRES  
2520 NE 208TH TER  
N MIAMI BEACH, FL 33180 US

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.

SIGNATURE: PAUL SHWEKY

01/06/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: SHWEKY, PAUL,  
Address: 2520 NE 208TH TERRACE  
City-St-Zip: N. MIAMI BEACH, FL

Title: STD ( ) Delete  
Name: BASALONE, DANIEL  
Address: 4481 N.W. 19TH AVE.  
City-St-Zip: OAKLAND PARK, FL

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition  
Name: SHWEKY, PAUL,  
Address: 2520 NE 208TH TERRACE  
City-St-Zip: N. MIAMI BEACH, FL 33180

Title: STD (X) Change ( ) Addition  
Name: BASALONE, DANIEL  
Address: 4481 N.W. 19TH AVE.  
City-St-Zip: OAKLAND PARK, FL 33309

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.

SIGNATURE: PAUL SHWEKY

PRES

01/06/2009

Electronic Signature of Signing Officer or Director

Date