2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 05, 2004 08:00 AM
Secretary of State

DOCUMENT # J17707

1. Entity Name
GABRIEL EXPORTS CORPORATION

Principal Place of Business	Mailing Address
4440 NW 74 AVE. MIAMI, FL 33166	PO BOX 527664 MIAMI, FL 33152-7664

DO NOT WRITE IN THIS SPACE

02162004 No Chg-P CR2E034 (10/03)

4. FEI Number
59-2723462
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☑ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

PULIDO, GABRIEL
4440 NW 74 AVE.
MIAMI, FL 33166

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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.

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

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

U00000077271
03/05/04-80036-006 158.75

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	PULIDO, GABRIEL
STREET ADDRESS	4440 NW 74 AVE.
CITY-ST-ZIP	MIAMI, FL
TITLE	V
NAME	PULIDO, GABRIEL E
STREET ADDRESS	4440 NW 74 AVE.
CITY-ST-ZIP	MIAMI, FL
TITLE	V
NAME	PULIDO, FERNANDO
STREET ADDRESS	4440 NW 74 AVE.
CITY-ST-ZIP	MIAMI, FL
TITLE	T
NAME	PULIDO, JANETH
STREET ADDRESS	4440 NW 74 AVE.
CITY-ST-ZIP	MIAMI, FL
TITLE	S
NAME	PULIDO, ALBA
STREET ADDRESS	4440 NW 74 AVE.
CITY-ST-ZIP	MIAMI, FL
TITLE	
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: Gabriel Pulido 3/2/04 (305)477-3611
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #