2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 30, 2005
Secretary of State

DOCUMENT# L04000087358

Entity Name: GABRIEL AND SONS ENTERPRISES, LLC.

Current Principal Place of Business:

597 N.E.129TH STREET
SUITE 2
MIAMI,, FL 33161 US

New Principal Place of Business:

Current Mailing Address:

597 N.E.129TH STREET
SUITE 2
MIAMI,, FL 33161 US

New Mailing Address:

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

GABRIEL, GEORGE F
597 N.E.129TH STREET
SUITE 2
MIAMI, FL 33161 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

MANAGING MEMBERS/MEMBERS:

Title:	MGRM	( ) Delete
Name:	GABRIEL, GEORGE F	
Address:	597 N.E. 129TH STREET SUITE 2	
City-St-Zip:	MIAMI,, FL 33161 US	
Title:	MGRM	( ) Delete
Name:	GABRIEL, CHRISTINE M	
Address:	597 N.E. 129TH STREET SUITE 2	
City-St-Zip:	MIAMI,, FL 33161 US	
Title:	MGRM	( ) Delete
Name:	MULLINS, GINA G	
Address:	597 N.E. 129TH STREET SUITE2	
City-St-Zip:	MIAMI, FL 33161 US	

ADDITIONS/CHANGES:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: GEORGE F. GABRIEL MGRM 03/30/2005

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date