

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L44120

Entity Name: BEN & GABBY'S, INC.

FILED
Apr 28, 2005
Secretary of State

Current Principal Place of Business:

16265 BISCAYNE BLVD
N MIAMI BEACH, FL 33162 US

New Principal Place of Business:

Current Mailing Address:

16295 BISCAYNE BLVD
N MIAMI BEACH, FL 331604305

New Mailing Address:

FEI Number: 65-0175112 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

IBARRA, TERESA
17310 NE 11 AVE.
N. MIAMI BEACH, FL 33162 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PSTD () Delete
Name: IBARRA, TERESA,
Address: 17310 NE 11 AVE.
City-St-Zip: N. MIAMI BEACH, FL 33162

Title: P () Delete
Name: IBARRA, TERESA,
Address: 19024 NW 67 PLACE
City-St-Zip: MIAMI, FL

Title: V () Delete
Name: ALONSO, LUIS
Address: 17310 NE 11 AVE
City-St-Zip: N. MIAMI BEACH, FL 33162

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VPD (X) Change () Addition
Name: IBARRA, TERESA,
Address: 17310 NE 11 AVE.
City-St-Zip: N. MIAMI BEACH, FL 33162

Title: VP (X) Change () Addition
Name: IBARRA, TERESA,
Address: 19024 NW 67 PLACE
City-St-Zip: MIAMI, FL

Title: P (X) Change () Addition
Name: ALONSO, LUIS
Address: 17310 NE 11 AVE
City-St-Zip: N. MIAMI BEACH, FL 33162

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 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: LUIS ALONSO

PD

04/28/2005

Electronic Signature of Signing Officer or Director

Date