2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED DOCUMENT # L64436 Apr 28, 2006 08:00 AN Secretary of State 1. Entity Name GABRI 7, INC. Principal Place of Business ... Mailing Address 1264 SURF ROAD 1264 SURF ROAD RIVIERA BEACH FL 33404 RIVIERA BEACH FL 33404 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt, #, etc. 1st MOORE CR2E034 (10/05) City & State City & State 4. FEI Number Applied For 65-0185842 Not Applicable Ζip Country Zφ Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CINQUINA, ELEANOR 1264 SURF ROAD Street Address (P.O. Box Number is Not Acceptable) RIVIERA BEACH FL 33404 City Zip Code 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 little it applicable (NOTE: Registered Agent connature required when registative) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 10. ☐ Delete THE Change Addition HILE NAME CINQUINA, ELEANOR STREET ADDRESS STREET ADDRESS 1264 SURF ROAD U00000543223 .05/10/06=80130=002 150.00 CITY-ST-ZIP CITY ST-ZIP RIVIERA BEACH FL 33404 ☐ Change Addition ☐ Delete THLE mu NAME MAME CINQUINA, ANTHONY STREET ADDRESS STREET ADDRESS 1264 SURF ROAD CITY - ST - ZIP CITY-ST-ZIP RIVIERA BEACH FL ☐ Delete Change Addition HILL NAME MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-SI-ZIP Oelele TITLE ☐ Change Addition DUE MARAF NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY ST ZIP ☐ Change ☐ Addition Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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 Statules, and that my name appears in Block 10 or Block 11

chment with an address, with all other like empowered.

SINATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

if changed, or on an alter

SIGNATURE