2007 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # M66874

1. Entity Name
GABRIEL PUERTO, INC.

Principal Place of Business	Mailing Address
422 AMALFI AVE CORAL GABLES, FL 33146	422 AMALFI AVE CORAL GABLES, FL 33146

DO NOT WRITE IN THIS SPACE

03102007   No Chg-P   CR2E034 (11/05)

4. FEI Number		Applied For
65-0024550		Not Applicable

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

6. Name and Address of Current Registered Agent

PUERTO, GABRIEL
422 AMALFI AVE
CORAL GABLES, FL 33146

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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, 2007 Fee will be $550.00**	**9.** Election Campaign Financing Trust Fund Contribution. ☐	**$5.00** May Be Added to Fees	0000000666108 03/23/07-80056-021 150.00

10.   OFFICERS AND DIRECTORS

TITLE	P
NAME	PUERTO, GABRIEL
STREET ADDRESS	422 AMALFI AVE.
CITY-ST-ZIP	CORAL GABLES, FL

TITLE	ST
NAME	PUERTO, SHERRI
STREET ADDRESS	422 AMALFI AVE
CITY-ST-ZIP	CORAL GABLES, FL 33146

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: *Sherri Abbott Puerto*   Sherri Abbott-Puerto   3-12-07   305 661-5894
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #