
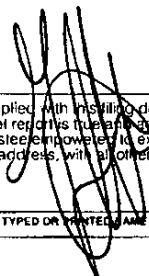


FILED
May 25, 2007 8:00 am
Secretary of State

04-30-2007 90419 041 ****70.00

2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # N06000005066			
1. Entity Name GABRIEL AMERICA FOUNDATION, CORP.			
Principal Place of Business 19495 BISCAYNE BLVD 501 AVENTURA, FL 33180		Mailing Address 19495 BISCAYNE BLVD 501 AVENTURA, FL 33180	
2. Principal Place of Business - No P.O. Box # 401 E Las Olas Blvd		3. Mailing Address 401 E Las Olas Blvd	
Suite, Apt. #, etc. 1180		Suite, Apt. #, etc. 1180	
City & State Ft Lauderdale FL		City & State Ft Lauderdale FL	
Zip 33301	Country U.S.A.	Zip 33301	Country U.S.A.
4. FEI Number 01-0870016		<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent YAKUBOVITZ ANNA 19495 BISCAYNE BLVD 501 AVENTURA, FL 33180		7. Name and Address of New Registered Agent Name FRANK L DIAZ P.A. Street Address (P.O. Box Number is Not Acceptable) 3400 CORAL WAY, 6th FL City MIAMI FL Zip Code 33145	
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 Frank Diaz <small>Signature, typed or printed name of registered agent, and title, if applicable (NOTE: Registered Agent signature required when resigning) DATE</small>			
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HOURI, DAVID 19495 BISCAYNE BLVD AVENTURA, FL 33180 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Houri David 401 E Las Olas Blvd # 1180 Ft Lauderdale FL 33301 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 reports 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 617, 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: 		SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date _____ Daytime Phone # _____	