

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000016328

FILED  
Feb 05, 2008  
Secretary of State

Entity Name: GABART, INC.

**Current Principal Place of Business:**

19333 COLLINS AVENUE, NO. 1804  
SUNNY ISLES, FL 33180 US

**New Principal Place of Business:**

**Current Mailing Address:**

201 S. BISCAYNE BOULEVARD  
SUITE 1000  
MIAMI, FL 33131 US

**New Mailing Address:**

FEI Number: 65-1061285      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

GARCIA-LINARES, MANUEL A ESQUIRE  
201 S. BISCAYNE BOULEVARD  
SUITE 1000  
MIAMI, FL 33131 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: GALINDO, MANUEL  
Address: 19333 COLLINS AVENUE, NO. 1804  
City-St-Zip: SUNNY ISLES, FL 33180 US

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: MANUEL GALINDO

PSTD

02/05/2008

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date