

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 28, 2008 08:00 AM**  
**Secretary of State**

DOCUMENT # P00000059158

1. Entity Name  
GABRIELLE HOLDINGS CORP.



Principal Place of Business

C/O ORION INVESTMENT & MANAGEMENT LTD.  
POST OFFICE BOX 560607  
MIAMI, FL 33256

Mailing Address

C/O ORION INVESTMENT & MANAGEMENT LTD.  
POST OFFICE BOX 560607  
MIAMI, FL 33256



01042008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
65-1022946

Applied For

Not Applicable

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

**6. Name and Address of Current Registered Agent**

B. MACKAY BROWN, ESQUIRE  
9155 S DADELAND BLVD  
#1602  
MIAMI, FL 33156

**DO NOT WRITE  
IN THIS SPACE**

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, 2008 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be**  
**Added to Fees**

000000842326  
03/11/08-80025-015 150.00

**10. OFFICERS AND DIRECTORS**

TITLE PD  
NAME BUHRMASTER, NORMA J  
STREET ADDRESS POST OFFICE BOX 560607  
CITY-ST-ZIP MIAMI, FL 33256

TITLE VPD  
NAME BRANT, BARRY  
STREET ADDRESS POST OFFICE BOX 560607  
CITY-ST-ZIP MIAMI, FL 33256

TITLE VSTD  
NAME CHIANTERA, ROBERTO  
STREET ADDRESS POST OFFICE BOX 560607  
CITY-ST-ZIP MIAMI, FL 33256

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/23/08

Date

305-278-8400

Daytime Phone #