2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 05, 2009
Secretary of State

DOCUMENT# P00000059158

Entity Name: GABRIELLE HOLDINGS CORP.

Current Principal Place of Business:

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

New Principal Place of Business:

C/O ORION INVESTMENT & MANAGEMENT LTD.
9155 S. DADELAND BLVD., #1602
MIAMI, FL 33156

Current Mailing Address:

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

New Mailing Address:

FEI Number: 65-1022946 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

B. MACKAY BROWN, ESQUIRE
9155 S DADELAND BLDV
#1602
MIAMI, FL 33156 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: PD ( ) Delete
Name: BUHRMASTER, NORMA J
Address: POST OFFICE BOX 560607
City-St-Zip: MIAMI, FL 33256

Title: VPD ( ) Delete
Name: BRANT, BARRY
Address: POST OFFICE BOX 560607
City-St-Zip: MIAMI, FL 33256

Title: VSTD ( ) Delete
Name: CHIANTERA, ROBERTO
Address: POST OFFICE BOX 560607
City-St-Zip: MIAMI, FL 33256

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: BUHRMASTER, NORMA J
Address: 9155 S DADELAND BLVD. #1602
City-St-Zip: MIAMI, FL 33156

Title: VPD (X) Change ( ) Addition
Name: BRANT, BARRY
Address: 9155 S. DADELAND BLVD., #1602
City-St-Zip: MIAMI, FL 33156

Title: VSTD (X) Change ( ) Addition
Name: CHIANTERA, ROBERTO
Address: 9155 S. DADELAND BLVD., #1602
City-St-Zip: MIAMI, FL 33156

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: NORMAN BUHRMASTER PD 03/05/2009

Electronic Signature of Signing Officer or Director — Date