

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000062550

**FILED**  
**Apr 25, 2008**  
**Secretary of State**

**Entity Name:** GABREILS DETAILING SERVICE INC.

**Current Principal Place of Business:**

3998 FAU BLVD  
STE 110  
BOCA RATON, FL 33431

**New Principal Place of Business:**

3201 N DIXIE HWY  
STE 1  
BOCA RATON, FL 33431

**Current Mailing Address:**

C/O ACCOUNTANT  
3640-4 N FEDERAL HWY  
LIGHTHOUSE POINT, FL 33064

**New Mailing Address:**

**FEI Number:** 65-1021421      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

JENZANO, HARRY J JR.  
3640-4 N. FEDERAL HWY.  
LIGHTHOUSE POINT, FL 33064      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: P      ( ) Delete  
Name: MEJIA, GABRIEL  
Address: 6869 TERRA TRANQUILA DR.  
City-St-Zip: BOCA RATON, FL 33433

**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: GABRIEL MEJIA

P

04/25/2008

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

\_\_\_\_\_ Date