

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P00000067852

1. Entity Name
GABCAT PROPERTIES, INC.



Principal Place of Business

2415 PASADENA WAY
WESTON, FL 33327 US

Mailing Address

2415 PASADENA WAY
WESTON, FL 33327 US

FILED

04 MAY -7 PM 2:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



05052004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-1030875

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

REBOREDO, GASTON
2566 JARDIN WAY
WESTON, FL 33327

**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 \$550.00
Due by September 8, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
PDT
PARSIA, JOSE D
2625 EXECUTIVE PARK DRIVE, #5
WESTON, FL 33331

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
VPDS
PARSIA, ALINA D
2625 EXECUTIVE PARK DRIVE #5
WESTON, FL 33331

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
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CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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

5/5/04 954-389-8647
Date Daytime Phone #

400035843294
05/10/04 - 01118 - 017 **450.00

**DO NOT WRITE
IN THIS SPACE**