


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 02, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # P01000064495**

1. Entity Name  
**GABY'S CLEANER, INC.**



Principal Place of Business      Mailing Address

**8200 W HIALEIGH GARDENS BLVD  
 BAY 4  
 HIALEAH GARDENS, FL 33018**

**9066 NW 120 TERRACE  
 HIALEAH GARDENS, FL 33018**

**DO NOT WRITE IN THIS SPACE**



04282005    No Chg-P    CR2E034 (10/03)

4. FEI Number  
**65-1116520**      Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent

**REDONDO, KATIA  
 9066 NW 120 TERRACE  
 HIALEAH GARDENS, FL 33018**

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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable

**FILE NOW!!! FEE IS \$150.00  
 After May 1, 2005 Fee will be \$550.00**

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	PD REDONDO, KATIA 9066 NW 120 TERRACE HIALEAH GARDENS, FL 33018
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVD CASTRO, ISABEL 9066 NW 120 TERRACE HIALEAH GARDENS, FL 33018
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 05/03/05-80139-022 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: KATIA REDONDO      04/29/05      (305) 819 5096

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #