

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

DOCUMENT # P01000087872

1. Entity Name

GABRIELE'S HAIR-CREATIONS INC.



FILED

04 MAY -4 AM 11:45

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

309 ARIZONA ST  
HOLLYWOOD, FL 33019

Mailing Address

309 ARIZONA ST  
HOLLYWOOD, FL 33019



05032004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number

52-2343315

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

HONEBERG, GABRIEL  
309 ARIZONA ST  
HOLLYWOOD, FL 33019

**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)

600036276476

05/13/04--01078--214 \*\*150.00

**FILE NOW!!! FEE IS \$550.00  
Due by September 8, 2004**

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

10. OFFICERS AND DIRECTORS

TITLE P  
NAME HONSBERG, GABRIELE  
STREET ADDRESS 309 ARIZONA STREET  
CITY-ST-ZIP HOLLYWOOD, FL 33019

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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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 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

4/13/04

951-472-5144

Date

Daytime Phone #