

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000043055

Entity Name: GABRIELE PAUL, PA.

FILED  
Feb 24, 2009  
Secretary of State

## Current Principal Place of Business:

97 SILVER OAKS CIR.  
2201  
NAPLES, FL 34119

## New Principal Place of Business:

421 PINE LAKE DRIVE  
NAPLES, FL 34112

## Current Mailing Address:

3665 BONITA BEACH ROAD  
STE. 3  
BONITA SPRINGS, FL 34134

## New Mailing Address:

PO BOX 8987  
C/O HELMUT PAUL  
NAPLES, FL 34101

FEI Number: 01-0681896

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

ALLURE ACCOUNTING, LLC  
3665 BONITA BEACH ROAD  
STE. 3  
BONITA SPRINGS, FL 34135 US

## Name and Address of New Registered Agent:

PAUL, HELMUT G  
421 PINE LAKE DRIVE  
NAPLES, FL 34101 US

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: HELMUT G. PAUL

02/24/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: DPVS ( ) Delete  
Name: PAUL, GABRIELE  
Address: 97 SILVER OAKS CIR. # 2201  
City-St-Zip: NAPLES, FL 34119

Title: T ( ) Delete  
Name: PAUL, GABRIELE  
Address: 97 SILVER OAKS CIR. # 2201  
City-St-Zip: NAPLES, FL 34119

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DPVS (X) Change ( ) Addition  
Name: PAUL, GABRIELE  
Address: 421 PINE LAKE DRIVE  
City-St-Zip: NAPLES, FL 34112

Title: T (X) Change ( ) Addition  
Name: PAUL, GABRIELE  
Address: 421 PINE LAKE DRIVE  
City-St-Zip: NAPLES, FL 34112

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: GABRIELE PAUL

DPVS

02/24/2009

Electronic Signature of Signing Officer or Director

Date