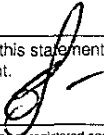
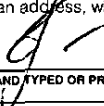


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2004 8:00 am
Secretary of State

04-12-2004 90264 044 ***150.00

DOCUMENT # P02000053606 1. Entity Name GABY Z ENTERTAINMENT CORP.					
Principal Place of Business 3754 SAN SIMEON CL FORT LAUDERDALE, FL 33331				Mailing Address 3754 SAN SIMEON CL APT. 910 SOUTH FORT LAUDERDALE, FL 33331	
2. Principal Place of Business 3754 SAN SIMEON CIRCLE Suite, Apt. #, etc.		3. Mailing Address 3754 SAN SIMEON CIRCLE Suite, Apt. #, etc.			
City & State WESTON FL		City & State WESTON FL		03242004 Chg-P CR2E034 (10/03)	
Zip 33331		Country BROWARD		4. FEI Number 01-0693344	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent ZYSERMAN, GABRIEL A 3400 GALT OCEAN DR. APT. 910 SOUTH FORT LAUDERDALE, FL 33308				7. Name and Address of New Registered Agent Name GABRIEL A. ZYSERMAN Street Address (P.O. Box Number is Not Acceptable) 3754 SAN SIMEON CIRCLE City WESTON FL Zip Code 33331	
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  04-07-04 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD ZYSERMAN, GABRIEL A 3400 GALT OCEAN DR. APT. 910 SOUTH FORT LAUDERDALE, FL 33308 ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD GABRIEL A. ZYSERMAN 3754 SAN SIMEON CIRCLE WESTON FL 33331 ☒ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
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: 			04-07-04 7863268854 Date Daytime Phone #		