2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2004 8:00 am
Secretary of State
04-12-2004 90264 044 ***150.00

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1. Entity Name
GABY Z ENTERTAINMENT CORP.

Principal Place of Business	Mailing Address
3754 SAN SIMEON CL FORT LAUDERDALE, FL 33331	3754 SAN SIMEON CL APT. 910 SOUTH FORT LAUDERDALE, FL 33331

03242004 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
3754 SAN SIMEON CIRCLE	3754 SAN SIMEON CIRCLE
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: WESTON FL	City & State: WESTON FL
Zip: 33331 Country: BROWARD	Zip: 33331 Country: BROWARD

4. FEI Number 01-0693344 ☐ Applied For ☐ Not Applicable

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 [signature] DATE 04-07-04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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
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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: [signature] 04-07-04 7863268854
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #