07/17/2004 12:32 00 WEA

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 30, 2004 8:00 am
Secretary of State
07-14-2004 90007 018 ***158.75

DOCUMENT # P02000065541

1. Entity Name
GABBY'S LEND A HAND CORP.

Principal Place of Business
3082 NW 15TH ST.
MIAMI, FL 33125

Mailing Address
3082 NW 15TH ST.
MIAMI, FL 33125

66431031

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

07072004 Chg-P CR2E034 (10/03)

4. FEI Number 03-0459138 APPLIED FOR ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required.

6. Name and Address of Current Registered Agent
CALDERON, GABRIEL
16026 SW 62 STREET
MIAMI, FL 33193

7. Name and address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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) DATE

FILE NOW!!! FEE IS $150.00
Due by September 8, 2004

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	CALDERON, GABRIEL		NAME		
STREET ADDRESS	~~148-43 SW 119TH TERR.~~		STREET ADDRESS	16026 SW 62 St	
CITY-ST-ZIP	MIAMI, FL ~~33186~~		CITY-ST-ZIP	Miami, Fla. 33193	
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

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 Date Daytime Phone #

(Forms 990-T and 990-PF filers)
pplication for Extension of Time To
tion Return (be sure to darken the
appropriate).
(Form 1042) shown on **Form 2758,**
n of Time To File Certain Excise,
d Other Returns (be sure to darken
riate).
wn on **Form 2438,** Undistributed
n (darken the 1120 box).
ear ends on December 31,
000 is being made after that
er box.
ear ends on June 30, 2000, and
ar is being made after that
er box.
sit is credited to the correct

nd employer identification number

n for each type of tax deposit;
r the type of tax you are depositing;
ontinued on inside of back cover.)

Amount

Date

Check Number

Type of Tax

Tax Period

Mark the "X" in this box only if there is a change to Employer Identification Number (EIN) or Name.

See instructions on page 1.

BANK NAME/ DATE STAMP

EIN 03-0459138 222412

GABBYS LEND A HAND CORP
% GABRIEL CALDERON
3082 NW 15TH ST
MIAMI FL 33125-1924

941	945	1st Quarter
990-C	1120	2nd Quarter
943	990-T	3rd Quarter
720	990-PF	4th Quarter
CT-1	1042	
940		62

19 2

Telephone number ( )

FOR BANK USE IN MICR ENCODING

Federal Tax Deposit Coupon

Form 8109 (Rev. 12-2000)

#1 6643103 1 022000065541