## **2006 FOR PROFIT CORPORATION**

ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

## DOCUMENT # P02000065541

GABBY'S LEND A HAND CORP.



Principal Place of Business

Mailing Address

3082 NW 15TH ST. MIAMI, FL 33125

3082 NW 15TH ST. MIAMI, FL 33125

## **FILED** Mar 13, 2006 8:00 am Secretary of State

03-13-2006 90055 043 \*\*\*150.00



02152006

No Chg-P

CR2E034 (11/05)

4. FEI Number 03-0459138

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Feo Roquired

6. Name and Address of Current Registered Agent

CALDERON, GABRIEL 16026 SW 62 STREET. MIAMI, FL 33193

## DO NOT WRITE IN THIS SDACE

			IIV	I NIS SPACE
8. The above the obligat	e named entity submits this statement for the p trons of registered agent	ourpose of changing its registered office	or registered agent, or bol	th, in the State of Florida I am familiar with, and accept
SIGNATURE.	Signature typed or printed name of registered ugent and title-	d cpol cable (NOTE Registered Agent uigh	s, fato to gained when to note! ng)	DATE
	E NOW!!! FEE IS \$150.00 ay 1, 2006 Fee will be \$550.00	Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be Added to Fees	
10.	OFFICERS AND DIREC	CTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CALDERON, GABRIEL 16026 SW 62 ST MIAMI, FL 33193			:
TITLE NAME STREET ADDRESS CHY+ST+ZIP				
TITLE HAME STREET ADDRESS CITY ST-ZIP			DO	NOT WRITE
TTLE NAME S7REET ADDRESS CITY-ST ZIP			IN THIS SPACE	
TITLE NAME STREET ADDRESS				

12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained 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 signature shall have the same legal effect as if made under oath, that I am an officer or director of the corporation or the incenter or tuster empowered to execute his report as required by Chapter 607, Florida Statutes, and that my name appears in Block 10 or Block 11 if changed, or on an attachner with in process, jim all other exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this 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 information indicated on this 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 information indicated on the information indicated on this report is true and officer or director of the corporation or the information indicated on the corporation of the corporation or the information indicated on the corporation of the corporation or the information indicated on the corporation o

SIGNATURE:

TITLE NAME STREET ADDRESS CITY - ST - ZIP

NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #