## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P03000045710

City-St-Zip:

TAMPA, FL 33605 US

Entity Name: RICARDO GABRIEL, INC.

FILED May 01, 2006 Secretary of State

Current P	rincipal Place	of Business:	New Principal Place	New Principal Place of Business:	
1600 EAS <sup>1</sup> STE. E113	T 8TH AVENU	Ε			
TAMPA, F		3			
Current Mailing Address:			New Mailing Addres	New Mailing Address:	
	T 8TH AVENU	E			
STE. E113 TAMPA, F		3			
FEI Number:	: 56-2348149	FEI Number Applied For ( )	FEI Number Not Applicable ( )	Certificate of Status Desired ( )	
Name and Address of Current Registered Agent:			Name and Address	Name and Address of New Registered Agent:	
MOYAL, Jo 1600 EAS <sup>-</sup> TAMPA, F	T 8TH AVENU				
	named entity see of Florida.	submits this statement for the p	ourpose of changing its registere	ed office or registered agent, or both,	
SIGNATU	RE:				
	Electror	ic Signature of Registered Age	ent	Date	
		3(2)(b), F.S., the corporation did no g Trust Fund Contribution ( ).	at receive the prior notice.		
OFFICERS AND DIRECTORS:			ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	MOYAL, JOE	Delete HAVENUE, STE. E113 605 US	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	MOYAL, GABR	AVENUE, STE. E113	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address:	AMRAM, JACO	Delete B HAVENUE, STE. E113	Title: Name: Address:	( ) Change ( ) Addition	

I hereby certify that the information supplied with this filing does not qualify for the 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.

City-St-Zip:

SIGNATURE: JOE MOYAL P 05/01/2006