


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006 8:00 am
Secretary of State

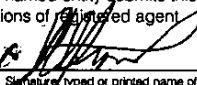
05-01-2006 90353 005 ***150.00

DOCUMENT # P03000052234	
1. Entity Name GABY'S MAR YACHT SERVICE, INC	

Principal Place of Business 15304 SW 72 ST # 24 MIAMI, FL 33193	Mailing Address 15304 SW 72 ST # 24 MIAMI, FL 33193
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2. Principal Place of Business 15665 SW 74th Cir	3. Mailing Address 15665 SW 74th Cir
Suite, Apt. #, etc. # 9	Suite, Apt. #, etc. # 9
City & State MIAMI FL	City & State MIAMI FL
Zip 33193	Country FL

6. Name and Address of Current Registered Agent GUTIERREZ, PEDRO E 15304 SW 7250 #24 MIAMI, FL 33193	
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7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 15665 SW 74th Cir City MIAMI FL Zip Code 33193	
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  DATE 04/24/06 <small>Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
GUTIERREZ, PEDRO E 15304 SW 72 ST # 24 MIAMI-DADE, FL 33193			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. I hereby certify that the information supplied with this filing 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 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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	Date 4-12-06 Daytime Phone # X786-399 5284