

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 02, 2007 8:00 am**  
**Secretary of State**

04-02-2007 90061 010 \*\*\*150.00

**DOCUMENT # P03000058352**

1. Entity Name  
**GABYJT INVESTMENT, INC.**



Principal Place of Business  
**C/O MICHAEL GLINSKY & CO**  
**169 E FLAGLER ST, STE 1118**  
**MIAMI, FL 33131 US**

Mailing Address  
**C/O MICHAEL GLINSKY & CO**  
**169 E FLAGLER ST, STE 1118**  
**MIAMI, FL 33131 US**



2. Principal Place of Business - No P.O. Box # <b>C/O MICHAEL GLINSKY &amp; CO.</b>		3. Mailing Address <b>C/O MICHAEL GLINSKY &amp; CO.</b>	
Suite, Apt. #, etc. <b>169 E FLAGLER ST, STE 1620</b>		Suite, Apt. #, etc. <b>169 E FLAGLER ST, STE 1620</b>	
City & State <b>MIAMI, FL</b>		City & State <b>MIAMI, FL</b>	
Zip <b>33131</b>	Country <b>US</b>	Zip <b>33131</b>	Country <b>US</b>

02072007 Chg-P CR2E034 (12/06)

4. FEI Number <b>57-1168071</b>	Applied For <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>

**6. Name and Address of Current Registered Agent**

**GLINSKY, MICHAEL**  
**C/O GLINSKY**  
**169 E. FLAGLER STREET #1118**  
**MIAMI, FL 33131**

**7. Name and Address of New Registered Agent**

Name  
**GLINSKY, MICHAEL**  
Street Address (P.O. Box Number is Not Acceptable)  
**169 E FLAGLER STREET SUITE 1620**  
City **MIAMI** FL Zip Code **33131**

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

**3/29/07**

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2007 Fee will be \$550.00**

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

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD GUTIERREZ, ALEJANDRO 3318 SW 20TH STREET MIAMI, FL 33145	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD AYALA, MARIA GABRIELA 3318 SW 20TH STREET MIAMI, FL 33145	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**3/29/07 (305) 358-4466**