

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 04, 2008 8:00 am
Secretary of State

02-04-2008 90043 032 ***150.00

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1. Entity Name
GABYJT INVESTMENT, INC.



Principal Place of Business
C/O MICHAEL GLINSKY & CO
169 E FLAGLER ST, STE 1620
MIAMI, FL 33131 US

Mailing Address
C/O MICHAEL GLINSKY & CO
169 E FLAGLER ST, STE 1620
MIAMI, FL 33131 US

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01302008

Chg-P

CR2E034 (12/06)

4. FEI Number

57-1168071

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GLINSKY, MICHAEL
C/O GLINSKY
169 E. FLAGLER STREET #1620
MIAMI, FL 33131

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
After May 1, 2008 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
GUTIERREZ, ALEJANDRO ☐ Delete
3318 SW 20TH STREET
MIAMI, FL 33145

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
GUTIERREZ, ALEJANDRO ☒ Change ☐ Addition
115 MENDOZA AVENUE SUITE 301
CORAL GABLES, FL 33134

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VD
AYALA, MARIA GABRIELA ☐ Delete
3318 SW 20TH STREET
MIAMI, FL 33145

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VD
AYALA, MARIA GABRIELA ☒ Change ☐ Addition
115 MENDOZA AVENUE SUITE 301
CORAL GABLES, FL 33134

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
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TITLE
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CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ 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

01-30-08

Date

(305) 358-4466

Daytime Phone #