

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000076676

**FILED
Jul 10, 2007
Secretary of State**

Entity Name: GABY'S INVESTMENT GROUP INC.

Current Principal Place of Business:

13971 OAK RIGE DRIVE
DAVIE, FL 33325

New Principal Place of Business:

Current Mailing Address:

13971 OAK RIGE DRIVE
DAVIE, FL 33325

New Mailing Address:

FEI Number: 14-1889537 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

JEAN, GABRIEL
13971 OAK RIDGE DRIVE
DAVIE, FL 33325 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: JEAN, GABRIEL
Address: 13971 OAK RIDGE DRIVE
City-St-Zip: DAVIE, FL 33325

Title: VP () Delete
Name: FABIEN, ECZABELLA
Address: 6231 NW 170 TERRACE
City-St-Zip: MIAMI, FL 33015

Title: P (X) Delete
Name: JEAN, GABRIEL
Address: 13971 AOK RIDGE DRIVE
City-St-Zip: DAVIE, FL 33325

Title: VP (X) Delete
Name: FABIEN, ECZABELLA
Address: 6231 NW 170 TERRACE
City-St-Zip: MIAMI, FL 33015

Title: P (X) Delete
Name: JEAN, GABRIEL
Address: 13971 AOK RIDGE DRIVE
City-St-Zip: DAVIE, FL 33325

Title: VP (X) Delete
Name: FABIEN, ECZABELLA
Address: 6231 NW 170 TERRACE
City-St-Zip: MIAMI, FL 33015

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VP (X) Change () Addition
Name: BOB, HORARD
Address: 1190 NW 137TH AVENUE
City-St-Zip: PEMBROKE PINES, FL 33028

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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

SIGNATURE: GABRIEL JEAN

P

07/10/2007

Electronic Signature of Signing Officer or Director

_____ Date