2005 FOR PROFIT CORPORATION ANNUAL REPORT

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Feb 16, 2005 8:00 am
Secretary of State

02-16-2005 90016 042 ***150.00

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01292005 Chg-P CR2E034 (10/03)

DOCUMENT # P03000082531

1. Entity Name
GK GABRIEL HOSTS, INC

Principal Place of Business	Mailing Address
6104 PALMA DEL MAR, BLVD 114 SAINT PETESBURG, FL 33715 US	6104 PALMA DEL MAR, BLVD 114 SAINT PETESBURG, FL 33715 US

2. Principal Place of Business	3. Mailing Address
5001 GULF BLVD.	7310 SUNSHINE LANE
Suite, Apt. #, etc.	Suite, Apt. #, etc. APT # 111
City & State ST. PETERBURG BEACH, FL	City & State ST. PETERSBURG, FL
Zip 33706 / Country	Zip 33711 / Country

4. FEI Number 27-0064073 — 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
GUIRGUIS, GEORGE 6104 PALMA DEL MAR BLVD 114 SAINT PETESBURG, FL 33715	Name GUIRGUIS, GEORGE Street Address (P.O. Box Number is Not Acceptable) 7310 SUNSHINE LANE #111 City ST. PETERSBURG FL Zip Code 33711

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, 2005 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	P ☐ Delete	TITLE	☒ Change ☐ Addition
NAME	GUIRGUIS, GEORGE	NAME	
STREET ADDRESS	6104 PALMA DEL MAR BLVD	STREET ADDRESS	7310 SUNSHINE LANE #111
CITY-ST-ZIP	SAINT PETERSBURG, FL 33715	CITY-ST-ZIP	ST. PETERSBURG, FL 33711
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: X George Guirguis — X 2-13-05 — (727) 867 8143

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #