


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 23, 2005 8:00 am**  
**Secretary of State**

02-23-2005 90069 048 \*\*\*150.00

**DOCUMENT # P03000111652**

1. Entity Name  
**GABRIELLA'S BISCOTTI, INC.**



Principal Place of Business      Mailing Address

**6728 BUENA VISTA DR**      **6728 BUENA VISTA DR**  
**MARGATE, FL 33063**      **MARGATE, FL 33063**

**50017953**



2. Principal Place of Business      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

Zip      Country      Zip      Country

01302005      Chg-P      CR2E034 (10/03)

4. FEI Number      Applied For

**57-1191009**      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

**LOBRACCO, TOM**  
**6728 BUENA VISTA DR**  
**MARGATE, FL 33063**

Name  
 Street Address (P.O. Box Number is Not Acceptable)  
**1342 WEST McNab Road**  
 City **FT. Lauderdale**      FL      Zip Code **33309**

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 *Tom LoBracco*      **Tom LOBRACCO**      2-01-05      DATE

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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                      | DPT <input type="checkbox"/> Delete | TITLE                                                 | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | LOBRACCO, TOM                       | NAME                                                  |                                                                   |
| STREET ADDRESS             | 6728 BUENA VISTA DR                 | STREET ADDRESS                                        |                                                                   |
| CITY-ST-ZIP                | MARGATE, FL 33063                   | CITY-ST-ZIP                                           |                                                                   |
| TITLE                      | DPS <input type="checkbox"/> Delete | TITLE                                                 | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | LOBRACCO, PATRICIA                  | NAME                                                  |                                                                   |
| STREET ADDRESS             | 6728 BUENA VISTA DR                 | STREET ADDRESS                                        |                                                                   |
| CITY-ST-ZIP                | MARGATE, FL 33063                   | CITY-ST-ZIP                                           |                                                                   |
| TITLE                      | <input type="checkbox"/> Delete     | TITLE                                                 | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                                     | NAME                                                  |                                                                   |
| STREET ADDRESS             |                                     | STREET ADDRESS                                        |                                                                   |
| CITY-ST-ZIP                |                                     | CITY-ST-ZIP                                           |                                                                   |
| TITLE                      | <input type="checkbox"/> Delete     | TITLE                                                 | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                                     | NAME                                                  |                                                                   |
| STREET ADDRESS             |                                     | STREET ADDRESS                                        |                                                                   |
| CITY-ST-ZIP                |                                     | CITY-ST-ZIP                                           |                                                                   |
| TITLE                      | <input type="checkbox"/> Delete     | TITLE                                                 | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                                     | NAME                                                  |                                                                   |
| STREET ADDRESS             |                                     | STREET ADDRESS                                        |                                                                   |
| CITY-ST-ZIP                |                                     | CITY-ST-ZIP                                           |                                                                   |
| TITLE                      | <input type="checkbox"/> Delete     | TITLE                                                 | <input type="checkbox"/> Change <input type="checkbox"/> 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: *Tom LoBracco*      **Tom LOBRACCO**      2-01-05      954-969-9220      Date      Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR