

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000111652

Entity Name: GABRIELLA'S BISCOTTI, INC.

FILED
Jul 25, 2006
Secretary of State

Current Principal Place of Business:

6728 BUENA VISTA DR
MARGATE, FL 33063

New Principal Place of Business:

Current Mailing Address:

6728 BUENA VISTA DR
MARGATE, FL 33063

New Mailing Address:

FEI Number: 57-1191009

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LOBRACCO, TOM
1342 WEST MCNAB ROAD
FORT LAUDERDALE, FL 33309 US

Name and Address of New Registered Agent:

LOBRACCO, TOM
6728 BUENA VISTA DRIVE
MARGATE, FL 33063 US

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

07/25/2006

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: DPT () Delete
Name: LOBRACCO, TOM
Address: 6728 BUENA VISTA DR
City-St-Zip: MARGATE, FL 33063

Title: DPS () Delete
Name: LOBRACCO, PATRICIA
Address: 6728 BUENA VISTA DR
City-St-Zip: MARGATE, FL 33063

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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 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: LOBRACCO, TOM

Electronic Signature of Signing Officer or Director

DPT

07/25/2006

Date