

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 29, 2008 08:00 AM
Secretary of State

DOCUMENT # P03000135488

1. Entity Name
GABRIEL M CORPORATION



Principal Place of Business
7153 PEMBROKE ROAD
PEMBROKE PINES, FL 33024

Mailing Address
7153 PEMBROKE ROAD
PEMBROKE PINES, FL 33024



08252008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-0406465	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

TAMAREZ, MILEDYS
7153 PEMBROKE ROAD
PEMBROKE PINES, FL 33024

**DO NOT WRITE
IN THIS SPACE**

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

8/25/08

FILE NOW!!! FEE IS \$150.00
Due by September 12, 2008

9. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the information.

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	TAMAREZ, MILEDYS
STREET ADDRESS	7153 PEMBROKE ROAD
CITY-ST- ZIP	PEMBROKE PINES, FL 33024

TITLE	
NAME	
STREET ADDRESS	
CITY-ST- ZIP	

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CITY-ST- ZIP	

U00000958569
08/29/08-80002-003 150.00

**DO NOT WRITE
IN THIS SPACE**

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

8/25/2008

Date

Printing Program #