## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE: >

## **Secretary of State** DOCUMENT # P03000147602 03-29-2004 90059 042 \*\*\*150.00 1. Entity Name GABY INC. Mailing Address Principal Place of Business 4823 ORCHID WAY 4823 ORCHID WAY 94037857 SUITE 301 **SUITE 301** MYRTLE BEACH, SC 29577 MYRTLE BEACH, SC 29577 2. Principal Place of Business 1215 Celebrity Circle 3. Mailing Address 1215 Celebrity Cir M148 Suite, Apt. #, etc. Suite, Apt. #, etc. 03172004 CR2E034 (10/03) Chg-P M - 148City & State City & State 4. FEI Number Applied For Myrtle Beach, SC Not Applicable 47-0935405 Myrtle Beach Zip Country \$8.75 Additional 5. Certificate of Status Desired 29577 USA 29577 USA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name MARQUEZ, CHRISTINA Street Address (P.O. Box Number is Not Acceptable) 407 LINCOLN ROAD **SUITE 708** MIAMI BEACH, FL 33139 City Zip Code FL 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 \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2004 Fee will be \$550.00 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. PD ☐ Addition Change TITLE ☐ Delete TITLE GUIGUI, MAURICE NAME NAME Guigui, Maurice STREET ADDRESS 4825 ORCHID WAY SUITE 301 STREET ADDRESS 1215 Celebrity Circle M-148 CITY-ST-ZIP MYRTLE BEACH, SC 29577 CITY-ST-7IP Myrtle Beach, SC 29577 Addition TITLE ☐ Delete Change TITLE GUIGUI, NATHALIE NAME Guigui, Nathalie STREET ADDRESS STREET ADDRESS 4825 ORCHID WAY SUITE 301 1215 Celebrity Circle M-148 CITY-ST-ZIP MYRTLE BEACH, SC 29577 CITY-ST-ZIP Myrtle Beach, SC 29577 Change ☐ Delete TITLE □ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change TITLE ☐ Delete TITLE ☐ 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 en powered 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.

ED NAME OF SIGNING OFFICER OR DIRECTOR

**FILED** 

Mar 29, 2004 8:00 am