2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

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FILED Mar 08, 2004 8:00 am Secretary of State

DOCUMENT # P03000150156 1. Entity Name GABRIEL G.B. INC.				Secretary of State 02-25-2004 90011 031 ***150.00
Principal Plac	e of Business	Mailing Address	. 	
745 NW 144		745 NW 144 ST		
MIAMI FL 3	3168	MIAMI FL 33168		
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		3. Mailing Address		I TO LOUIS HE FREE HAY TOUR DEED THAN HAD HER FEEL TOUR AND A HEAD AND A LINE AND A HEAD AND A LINE
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		MOORE CR2E034 (11/03)
City & Stat	e e	City & State		4. FEI Number Applied For Not Applicable
Zip	Country	Zip	Country	5. Certificate of Status Desired See Required Fee Required
	6. Name and Address of Curren	nt Registered Agent	<u> </u>	7. Name and Address of New Registered Agent
			Name	
BAF	RBERIC, GABRIEL		<u> </u>	ss (P.O. Box Number is Not Acceptable)
	MI FL 33168			
	·			
			City	FL Zip Code
	named entity submits this statement tions of registered agent.	for the purpose of changing its	registered office or regi	stered agent, or both, in the State of Florida. I am familiar with, and accept
SIGNATURE	Signature, typed or printed name of registered ago	nt and title if applicable. (NOT	E: Registered Agent signature req	eured when reinstating) DATE
- C.	erig erite grand de gant grant is tallegrand de gerinde en de gant grand de gant grand de gant grand de gant g	and State Company		
Afte	TLE NOW!!! FEE IS \$150.00 } In May 1 2004 Fee will be \$550.00 k Payable to Florida Department)		9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution.
Afte Make Chec 10.	r May 1, 2004 Fee will be \$550.00 k Payable to Florida Department OFFICERS AN	of State D DIRECTORS	11.	Trust Fund Contribution. Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
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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 trusted 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.

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SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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