

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P03000150156

Entity Name: GABRIEL G.B. INC.

**FILED**  
**Apr 29, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

10640 SW 49 AVE  
OCALA, FL 34476

**New Principal Place of Business:**

**Current Mailing Address:**

10640 SW 49 AVE  
OCALA, FL 34476

**New Mailing Address:**

FEI Number: 20-0501638

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

BARBERIA, GABRIEL  
10640 SW 49 AVE  
OCALA, FL 34476 US

**Name and Address of New Registered Agent:**

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

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: BARBERIA, GABRIEL  
Address: 10640 SW 49 AVE  
City-St-Zip: OCALA, FL 34476

I hereby 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 all other like empowered.

SIGNATURE: GABRIEL BARBERIA

MR.

04/29/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date