

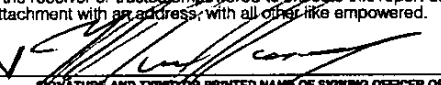
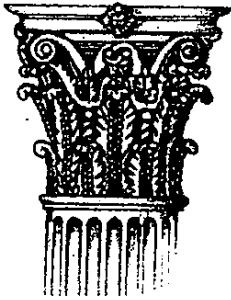


2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P04000009876 1. Entity Name GABRIEL CONSTRUCTION INC.						FILED 05 OCT 17 AM 11:07 SECRETARY OF STATE TALLAHASSEE, FLORIDA 02/23/05 90069004 150.00 	
Principal Place of Business 5349 HARDEE ST NAPLES, FL 34113		Mailing Address 5349 HARDEE ST NAPLES, FL 34113					
2. Principal Place of Business		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State		City & State					
Zip		Country		Zip		Country	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent					
SPIEGEL & UTRERA, P.A. 1840 SW 22ND ST. 4TH FLOOR MIAMI, FL 33145		Name					
		Street Address (P.O. Box Number is Not Acceptable)					
		City					
		FL Zip Code					
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____							
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD RAMIREZ, GABRIEL 5349 HARDEE ST NAPLES, FL 34113	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S CLARK, MISTY 5349 HARDEE ST NAPLES, FL 34113	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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 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: 				Misty Ramirez		Date: 10-12-05	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date		Daytime Phone #	



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September 30, 2005

Division of Corporations
P.O. Box 6198
Tallahassee, FL 32314-6198

RE: Gabriel Construction, Inc.
EIN 01-0804783
Document # P04000009876

Gentlemen,

Attached is a copy of the Notice of Intent to Dissolve that our client received in the mail. Our client did in fact sign and mail their 2005 Uniform Business Report on February 16th, along with a check for the \$150 fee. Attached, you will find a copy of their bank statement indicating that said check did clear.

We are also sending a newly signed copy of the Annual Report with the missing EIN. We ask that our client not be penalized for inadvertently omitting their EIN from the Annual Report. The original form was signed and returned in a timely manner along with the appropriate funds, showing a good faith effort to meet their obligations. Should you have any questions or concerns, please phone our office at the number above.

Sincerely,

H. Michael Magruder, CPA

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jlp/HMM