

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jun 08, 2005 8:00 am**  
**Secretary of State**

05-03-2005 90146 034 \*\*\*150.00

<b>DOCUMENT # P04000085406</b> 1. Entity Name <b>GABRIEL'S EXPRESS INC</b>																																																																						
Principal Place of Business <b>7505 N.W. 40TH COURT CORAL SPRINGS, FL 33065</b>			Mailing Address <b>7505 N.W. 40TH COURT CORAL SPRINGS, FL 33065</b>																																																																			
2. Principal Place of Business <i>Same as above</i> Suite, Apt. #, etc.			3. Mailing Address <i>Same as above</i> Suite, Apt. #, etc.																																																																			
City & State			City & State																																																																			
Zip		Country		Zip																																																																		
Country		Country		4. FEI Number <b>NONE</b>																																																																		
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable																																																																		
6. Name and Address of Current Registered Agent <b>GABRIEL, WILMAIRE 7505 N.W. 40TH COURT CORAL SPRINGS, FL 33065</b>				7. Name and Address of New Registered Agent 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: <i>Wilmaire Gabriel</i> <span style="float: right;">05/29/05</span> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)</small>																																																																						
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>																																																																			
<div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> <b>10. OFFICERS AND DIRECTORS</b> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 45%;">NAME</td> <td style="width: 15%;">STREET ADDRESS</td> <td style="width: 10%;">CITY-ST-ZIP</td> <td style="width: 15%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td></td> <td>GABRIEL, WILMAIRE</td> <td>7505 N.W. 40CT</td> <td>CORAL SPRINGS, FL 33065</td> <td></td> </tr> <tr><td>TITLE</td><td>NAME</td><td>STREET ADDRESS</td><td>CITY-ST-ZIP</td><td style="text-align: right;"><input type="checkbox"/> Delete</td></tr> <tr><td>TITLE</td><td>NAME</td><td>STREET ADDRESS</td><td>CITY-ST-ZIP</td><td style="text-align: right;"><input type="checkbox"/> Delete</td></tr> <tr><td>TITLE</td><td>NAME</td><td>STREET ADDRESS</td><td>CITY-ST-ZIP</td><td style="text-align: right;"><input type="checkbox"/> Delete</td></tr> <tr><td>TITLE</td><td>NAME</td><td>STREET ADDRESS</td><td>CITY-ST-ZIP</td><td style="text-align: right;"><input type="checkbox"/> Delete</td></tr> <tr><td>TITLE</td><td>NAME</td><td>STREET ADDRESS</td><td>CITY-ST-ZIP</td><td style="text-align: right;"><input type="checkbox"/> Delete</td></tr> </table> </div> <div style="width: 48%;"> <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 45%;">NAME</td> <td style="width: 15%;">STREET ADDRESS</td> <td style="width: 10%;">CITY-ST-ZIP</td> <td style="width: 15%; text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr><td>TITLE</td><td>NAME</td><td>STREET ADDRESS</td><td>CITY-ST-ZIP</td><td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr> <tr><td>TITLE</td><td>NAME</td><td>STREET ADDRESS</td><td>CITY-ST-ZIP</td><td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr> <tr><td>TITLE</td><td>NAME</td><td>STREET ADDRESS</td><td>CITY-ST-ZIP</td><td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr> <tr><td>TITLE</td><td>NAME</td><td>STREET ADDRESS</td><td>CITY-ST-ZIP</td><td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr> <tr><td>TITLE</td><td>NAME</td><td>STREET ADDRESS</td><td>CITY-ST-ZIP</td><td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr> </table> </div> </div>						TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete		GABRIEL, WILMAIRE	7505 N.W. 40CT	CORAL SPRINGS, FL 33065		TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete	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"/> Change <input type="checkbox"/> Addition	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"/> Change <input type="checkbox"/> Addition	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"/> Change <input type="checkbox"/> Addition
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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 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: <i>Wilmaire Gabriel</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				Date: <i>05/29/05</i>																																																																		

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