## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## **FILED** Jun 08, 2005 8:00 am Secretary of State 05-03-2005 90146 034 \*\*\*150.00

DOCUMENT # P0400085406  1. Entity Name GABRIEL'S EXPRESS INC							05-03-2005	90146 034 ***1	150.00
Principal Place of Business Mailing Address 7505 N.W. 40TH COURT 7505 N.W. 40TH COURT CORAL SPRINGS, FL 33065 CORAL SPRINGS, FL 33065						66022176			
2. Principal Place of Business 3. Mailing Address									
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Suite, Apt. #, etc.			Suite, Apt. #, etc.			04202005	Chg-P	CR2E034 (10/03)	
City & State			City & State			4. FEI Numbe	i E	. N	oplied For ot Applicable
Zip	Country		Zip Cour		try	5. Certificate of Status Desired		See Require	ditional ed
6. Name and Address of Current F			Registered Agent			7. Name and	Address of New R	<del></del>	
-GABRIEL, WILMAIRE							<u>ر                                      </u>	<u> </u>	
7505 N.W.	40TH CC	URT			Street Address (P.O. Box Namber is New Acceptable)				
CORAL SPRINGS, FL 33065						170			
					City			FL Zip Coo	ie ei
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 Solution, hipseld of sunner name of injustanced agent and title it applicable. (PADTE Registered Agent populars required when resinizating)  DATE									}
FILE NOW!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution. Added to Fees									
10.		OFFICERS AND	DIRECTORS	11.		ADDITIONS	CHANGES TO OFFI	CERS AND DIRECTOR	S IN 11
ME	P	1481 144105	☐ Deleta	m.				☐ Change	☐ Addition
NAME STREET ADDRESS	7505 N.W	., WILMAIRE 7. 40CT		- NAM STRE	ET NOOMESS				4
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CITY-ST-ZIP	ļ <u>.                                    </u>			-	- ST - ZEP	<del></del>		☐ Change	Addition
TITLE NAME	/		☐ Delete	NAA				Cusude.	☐ Addition .
STREET ADDRESS City-St-21P				CITY	ET ADDRESS -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 frue and accurate and that my significant 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: SIGNATURE AND FIFED ON PRINTED NAME OF BIGNING OFFICER OF DIRECTOR Date Date Delie Delies									