

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 23, 2007 8:00 am
Secretary of State

05-02-2007 90073 017 ***150.00

DOCUMENT # P05000167552 1. Entity Name GARABET CORP.					
Principal Place of Business 300 N.W. 72ND AVENUE HOLLYWOOD, FL 33024 US			Mailing Address 300 N.W. 72ND AVENUE HOLLYWOOD, FL 33024 US		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 304216404 <div style="float: right;"> <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable </div>	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				03072007 Chg-P CR2E034 (12/06)	
6. Name and Address of Current Registered Agent KASBAR, JOHN A 3880 SHERIDAN STREET HOLLYWOOD, FL 33002-1			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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 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 SHIRINIAN, GARABET <input type="checkbox"/> Delete 300 N.W. 72ND AVENUE HOLLYWOOD, FL 33024		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP CARACATSANIS, HRIPSI ME <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 300 N.W. 72 AVE HOLLYWOOD, FL 33024	
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 exemptions contained in Chapter 119, 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: HRIPSI ME CARACATSANIS			Date 4-30-07 Daytime Phone # 954-815-9538		

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