2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2009
Secretary of State

DOCUMENT# P08000106340

Entity Name: INVERSIONES GABRIELA CHACON, INC.

Current Principal Place of Business:

3094 FULLER STREET, SUITE 13
COCONUT GROVE, FL 33133

New Principal Place of Business:

Current Mailing Address:

3094 FULLER STREET, SUITE 13
COCONUT GROVE, FL 33133

New Mailing Address:

FEI Number: 26-3839627 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HILL, AARON
120 SOUTHWEST 24TH ROAD
MIAMI, FL 33129 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

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: HILL, AARON
Address: 120 SOUTHWEST 24TH ROAD
City-St-Zip: MIAMI, FL 33129

Title: VD ( ) Delete
Name: CHACON, GABRIELA
Address: 120 SOUTHWEST 24TH ROAD
City-St-Zip: MIAMI, FL 33129

Title: S ( ) Delete
Name: CAMERA, GILDA
Address: 750 NORTHEAST 64TH STREET, APT B-102
City-St-Zip: MAIMI, FL 33138

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: HILL AARON PD 04/30/2009

Electronic Signature of Signing Officer or Director Date