

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 12, 2004 8:00 am
Secretary of State

01-12-2004 90022 004 ***150.00

DOCUMENT # P93000052702

1. Entity Name
GABESCA CORP.



Principal Place of Business
**607 UNIVERSITY DRIVE
CORAL GABLES, FL 33134**

Mailing Address
**607 UNIVERSITY DRIVE
CORAL GABLES, FL 33134**

24000946



01062004 Chg-P CR2E034 (10/03)

2. Principal Place of Business

161 Madeira Ave

Suite, Apt. #, etc.

Suite 31

City & State

Coral Gables, FL

Zip

33134

Country

USA

3. Mailing Address

161 Madeira Ave

Suite, Apt. #, etc.

Suite 31

City & State

Coral Gables, FL

Zip

33134

Country

USA

4. FEI Number
65-0427654

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**CASARIEGO, ORLANDO J
607 UNIVERSITY DRIVE
CORAL GABLES, FL 33134**

7. Name and Address of New Registered Agent

Name **Orlando J. Casariego**
Street Address (P.O. Box Number is Not Acceptable)
8222 N.W. South River Drive
City **Medley** FL Zip Code **33166**

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

Signature, typed or printed name of registered agent and title if applicable.

Orlando J. Casariego

1-6-04

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete
NAME **CASARIEGO, ORLANDO J**
STREET ADDRESS **607 UNIVERSITY DRIVE**
CITY-ST-ZIP **CORAL GABLES, FL 33134**

TITLE **D** ☐ Delete
NAME **CASARIEGO, HUMBERTO F**
STREET ADDRESS **607 UNIVERSITY DRIVE**
CITY-ST-ZIP **CORAL GABLES, FL 33134**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Change ☐ Addition
NAME **Casariego, Orlando J**
STREET ADDRESS **8222 N.W. South River Drive**
CITY-ST-ZIP **Medley, FL 33166**

TITLE **D** ☐ Change ☐ Addition
NAME **Casariego, Humberto F**
STREET ADDRESS **8222 N.W. South River Dr**
CITY-ST-ZIP **Medley FL 33166**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-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 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 687, 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 TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Orlando J. Casariego **1-6-04** **(301) 887-9478**

Date

Daytime Phone #