


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 16, 2005 8:00 am**  
**Secretary of State**

03-16-2005 90049 021 \*\*\*150.00

<b>DOCUMENT # P93000052702</b>		
1. Entity Name <b>GABESCA CORP.</b>		

Principal Place of Business <b>161 HADEIRA AVE SUITE 31 CORAL GABLES, FL 33134</b>	Mailing Address <b>161 HADEIRA AVE SUITE 31 CORAL GABLES, FL 33134</b>
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**20021630**



2. Principal Place of Business <b>8222 N.W. South River Dr</b>	3. Mailing Address <b>8222 N.W. South River Dr</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

03112005 Chg-P CR2E034 (10/03)

City & State <b>Medley FL</b>	City & State <b>Medley FL</b>
Zip <b>33166</b>	Zip <b>33166</b>
Country <b>USA</b>	Country <b>USA</b>

4. FEI Number <b>65-0427654</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent <b>CASARIEGO, ORLANDO J 8222 HW SOUTH RIVER DRIVE MIAMI, FL 33166</b>	
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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: *Orlando J. Casariego* DATE: 3-11-05  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00 + \$12.75  
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$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	<b>D CASARIEGO, ORLANDO J 8222 NW SOUTH RIVER DRIVE MIAMI, FL 33166</b> <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	<b>D CASARIEGO, HUMBERTO F 8222 NW SOUTH RIVER DR MIAMI, FL 33166</b> <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
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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 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: *Orlando J. Casariego* Date: 3/1-05 Daytime Phone #: 305/887-9058  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR