

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Apr 30, 2008 08:(
Secretary of St**

DOCUMENT # P95000036430

1. Entity Name
GABAS (USA), INC.



Principal Place of Business
**220 SEAVIEW CT
MARCO ISLAND, FL 34145**

Mailing Address
**C/O JOHN J. CHARDE
P.O. BOX 1488
MARCO ISLAND, FL 34146 US**



04182008 No Chg-P CR2E034 (11/05)

4. FEI Number:
65-0578778

Applied For
Not Applicable

5. Certificate of Status Desired

☒ **\$8.75 Additional
Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**CHARDE, JOHN J CPA
601 E. ELKLAM CIRCLE
MARCO ISLAND, FL 34145**

**DO NOT WRITE
IN THIS SPACE**

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 fee if applicable

(NOTE: Registered Agent's name is required when requesting)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**D
BROGLE, LEO
220 SEAVIEW CT APT 211
MARCO ISLAND, FL 34145**

TITLE
NAME
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CITY-ST-ZIP

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U00000938297
05/27/08-80083-025 158.75

**DO NOT WRITE
IN THIS SPACE**

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 807, 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

Date

Daytime Phone #

L. BROGLE

4-22-2008