

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jun 19, 2006 8:00 am
Secretary of State

05-08-2006 90274 046 *****8.75

06-19-2006 90003 002 ***141.25

| | |
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| DOCUMENT # P95000043323 1. Entity Name GABRIEL'S CAFE & GRILLE, INC. |  |
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| Principal Place of Business 12793-G WEST FOREST HILL BLVD. W. PALM BEACH, FL 33414 | Mailing Address 12793-G WEST FOREST HILL BLVD. W. PALM BEACH, FL 33414 |
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04272006 No Chg-P CR2E034 (11/05)

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| 4. FEI Number 65-0585257 | Applied For <input type="checkbox"/> Not Applicable |
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| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
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6. Name and Address of Current Registered Agent
**FINOCCHIETTI, GABRIEL
12793-G WEST FOREST HILL BLVD.
WEST PALM BEACH, FL 33414**

**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 _____ (NOTE: Registered Agent signature required when re-registering) DATE _____

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| FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
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10. OFFICERS AND DIRECTORS

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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PFD FINOCCHIETTI, GABRIEL 12793-G WEST FOREST HILL BLVD. W. PALM BEACH, FL 33414 |
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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: *Gaella Simoncelli* _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #