


2004 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P98000075904		
1. Entity Name GABRIELA INTERNATIONAL, INC.		

Principal Place of Business 901 PONCE DE LEON BLVD. SUITE #603 CORAL GABLES, FL 33134	Mailing Address 901 PONCE DE LEON BLVD. SUITE #603 CORAL GABLES, FL 33134
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54057762

DO NOT WRITE IN THIS SPACE



02132004 No Chg-P CR2EQ34 (10/03)

4. FEI Number 65-0978034	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ALBORNOZ, WILLIAM H ESQ.
901 PONCE DE LEON BLVD. SUITE 603
CORAL GABLES, FL 33134

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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 changing) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

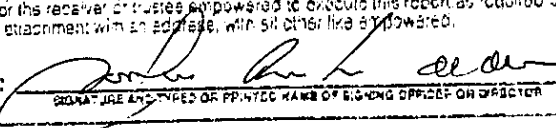
9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	PINHEIRO ANDRADE, JADELSON
STREET ADDRESS	901 PONCE DE LEON BLVD., SUITE 601
CITY-ST-ZIP	CORAL GABLES, FL 33134
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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 its 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 signatories.

SIGNATURE: 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/26/04 (505) 444-1741
Date By the filer

Attachment 57057762
P98000075904



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

May 28, 2004

MACMA CORPORATION
901 PONCE DE LEON BLVD.
SUITE 603
CORAL GABLES, FL 33134

*Sabrina
papellwork*

SUBJECT: MACMA CORPORATION
Ref. Number: P02000101187

We have received your document for MACMA CORPORATION and check(s) totaling \$150.00. However, your check(s) and document are being returned for the following:

The annual report/uniform business report for this filing year is already on file as of April 30, 2004. See attached printout for verification.

If you have any questions concerning the filing of your document, please call (850) 245-6059.

Gary Blankenbaker
Document Specialist

Letter Number: 104A00037366

6/7/04

* Gentlemen: This letter was returned to us with the original UBR report & payment for Sabriela Int'l. We had sent the Sabriela documents to you on 4/28/04 via UPS - copy of airwaybill attached, as well as a cover letter. I think you may have returned these docs in error to us! Please process as soon as possible! Thank you *Gina Alboroz*

Attachment

54057762

LAW OFFICES
WILLIAM H. ALBORNOZ, P.A.

P98 000075404

901 PONCE DE LEON BOULEVARD
SUITE 603
CORAL GABLES, FLORIDA 33134

TELEPHONE: 305-444-1741
FACSIMILE: 305-445-4971

WILLIAM H. ALBORNOZ

April 28, 2004

-Via UPS Next Day-

Division of Corporation
409 East Gaines Street
Tallahassee, Florida 32399

RE: **Gabriela International Inc. and Macma Corporation**

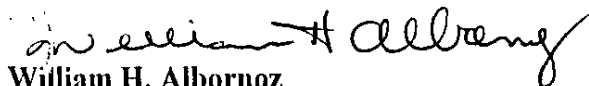
Dear Sirs:

Enclosed please find the following documents with respect to the above referenced matter:

1. Executed 2004 annual report form for Gabriela International Inc., and check #7094 for the amount of \$150.00.
2. Copy of executed 2004 annual report form for Macma Corporation. The check has been sent under separate cover.

Thank you so much for your cooperation and attention in this matter.

Very truly yours,


William H. Albornoz

:mo

Attachment

P980000759104

UPS 2nd Day Air Shipping Document

See instructions on back. Call 1-800-PICK-UPS (800-742-5877) for additional information.

TRACKING NUMBER 1Z F49 982 37 1000 243 5

SHIPMENT FROM

SHIPPER'S UPS ACCOUNT NO. F49982

REFERENCE NUMBER Cabereta Tail & Hoopa

NAME William H. Albornoz TELEPHONE 305-444-1741

COMPANY WILLIAM ALBORNOZ, P.A.

STREET ADDRESS 901 PONCE DE LEON BLVD STE 603

CITY AND STATE CORAL GABLES FL ZIP CODE 33134-3073

DELIVERY TO

NAME TELEPHONE

COMPANY Division of Corporations

STREET ADDRESS 409 EAST EXINES ST. DEPT./FLR.

CITY AND STATE Tallahassee, FL ZIP CODE 32399



WEIGHT DIMENSIONAL WEIGHT
ENTER "LTR" IF LETTER
LTR

SHIPPER'S COPY 2
524057762

Table with 2 columns: SERVICE (e.g., END DAY AIR CHARGE, SATURDAY PICKUP, INSURED VALUE, C.O.D., ADDITIONAL HANDLING CHARGE) and CHARGES (\$).

Table with 2 columns: METHOD OF PAYMENT (BILL SHIPPER, BILL RECEIVER, BILL THIRD PARTY, CREDIT CARD, American Express, Discover, MasterCard, Visa, CHECK) and checkboxes.

RECEIVERS / THIRD PARTY'S UPS ACCT. NO. OR MAJOR CREDIT CARD NO. EXPIRATION DATE

THIRD PARTY'S COMPANY NAME

STREET ADDRESS

CITY AND STATE ZIP CODE

SHIPPER'S SIGNATURE X MC DATE OF SHIPMENT 4/20/04

0201911252609 6/00 S

Vertical text on the right side of the form containing terms and conditions.