


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006 08:
Secretary of State

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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01122006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

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**

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOT Registered Agent's signature required when not writing)

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 PINHEIRO ANDRADE, JADELSON 901 PONCE DE LEON BLVD., SUITE 601 CORAL GABLES, FL 33134
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 05/15/06-80046-015 150.00

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not constitute 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 I 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 fee employees.

SIGNATURE: *[Signature]* **04/17/06** (35) 444 174
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR