## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 08:00 AM
Secretary of State

| ANNUAL REPORT  |   |   |    |                                     | Šecrétary of Stat                                |                    |                                       |  |
|--|---|---|----|-------------------------------------|--|--------------------|---------------------------------------|--|
| DOCUMENT # P98000082473  |   |   |    |                                     | 50   | ci ciai y          | oi Stat                               |  |
| Entity Name GABRIEL PRODUCTIONS INTERNATIONAL, INC.  |   |   |    |                                     |  |                    |                                       |  |
| Principal Place<br>2115 LE IEUN<br>CORAL GABLE   | NE ROAD   | Mailing Address<br>2115 LE JEUNE ROAD<br>CORAL GABLES, FL 33134 |    |                                     | 1848+ 1840 <b>38</b> 0+ <b>88</b> 04 <b>38</b> 0 | . 1818 (1818 1818) | <b>111</b> (191 <b>1)</b> (1911)      |  |
| DO NOT WRITE IN THIS SPAC  |   |   |    | 04232004<br>4. FEI Numbe<br>65-0865 | No Chg-P   | CR2E034 (10/       | Applied For Not Applicable Additional |  |
|  | 6. Name and Address of Current Re   | gistered Agent  | I  | <u>-</u>                            |  | · <u> </u>         |                                       |  |
| NODA, GABRIEL I<br>9610 S.W. 44TH ST.<br>MIAMI, FL 33165   |   |   |    | DO NOT WRITE<br>IN THIS SPACE       |  |                    |                                       |  |
| the obligation   | named enlity submits this statement for thons of registered agent.  Signal, re, typed or printed name of registered agent and |   |    | gistered agent, or both             | 1, in the State of Flo                           | oate               | with, and accept                      |  |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution   |   |   |    | \$5.00 May Be<br>Added to Fees      |  |                    |                                       |  |
| TO.  TITLE NAME STREET ADDRESS CITY STIZIP  THE NAME STREET ADDRESS CITY STIZIP | OFFICERS AND DIP PSD NODA, GABRIEL I 9610 S.W. 44TH ST. MIAMI, FL 33165   | RECTORS   |    |                                     | NOT W  |                    | viskij.                               |  |
| CITY - ST - ZIP  |   |   | -} |                                     |  |                    |                                       |  |

12. Thereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119 07(3)(i), Florida Statutes 1 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:

NAME STREET ADDRESS CITY - ST - ZIP

SIGNATURE THE TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/04

305) 4441999 Baytime Phone #